

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

-60-007785

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles	Length of stay in 1b 6 Days	c. CITY OR TOWN Hazelwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 128 E. Summit Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First LEON Middle H. Last ST. CIN	4. DATE OF DEATH Month 2-26-60 Day 60 Year 60
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Greenskeeper	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Florissant, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry St. Cin	13b. MOTHER'S MAIDEN NAME Louise Laraine	14. NAME OF HUSBAND OR WIFE Goldie Willoughby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. II	16. SOCIAL SECURITY NO. 489-01-9218	17. INFORMANT Goldie St. Cin	Address Hazelwood, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding esophageal varices	INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hepatitis chronic	3 years
DUE TO (c) Cyctic Disease Lungs	"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 12:45 AM Month, Day, Year Feb 19, 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Charles Mo	COUNTY St. Charles	STATE Mo
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21. I attended the deceased from Feb 19, 1960 to Feb 25, 1960 and last saw him alive on Feb 25, 1960 Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russell Hider MD	22b. ADDRESS St Charles Mo	22c. DATE SIGNED Feb 27, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-29-60	23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery	23d. LOCATION (City, town, or county) Florissant, Missouri
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24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.	ADDRESS Ferguson, Mo.	25. DATE RECD. BY LOCAL REG. 2/28/60	26. REGISTRAR'S SIGNATURE Marceea Wilson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAP 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed V.E. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.