URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

-60-007874

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1294 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,Mo
Length of stay in 1b: one day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Ferguson 35 Mo. 139 Hereford Ave
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Francis; Middle: ; Last: Amsinger
4. DATE OF DEATH: Month: February; Day: 2; Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 9/27/1900
9. AGE (last birthday): 59 yrs.
IF UNDER 1 YEAR: Months: ; Days: ; IF UNDER 24 HR: Hours: ; Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Parking Lot Att.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St.Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S
13a. FATHER'S NAME: Edward Amsinger
13b. MOTHER'S MAIDEN NAME: Kate Sharp
14. NAME OF HUSBAND OR WIFE: Zulo Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-07-5683
17. INFORMANT: Arthur Amsinger Address: 5211 Fletcher Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 525X
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 18-1958, to Feb.2-1960 and last saw him alive on Jan. 8-1960
Death occurred at 3.15AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. G. Vournas, M.D. (Degree or title) MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 2-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/5/60
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis
24. FUNERAL DIRECTOR: Morrell ADDRESS: 3710 N. Grand Bl
25. DATE RECD. BY LOCAL REG.: FEB 4 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. E.P.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Loron E. Percy

Licensed Embalmer No. 40

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.