

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009172

FILED **6 MAR 2 1960 317** Primary Registration District No. **541** Registrar's No. **528** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saint Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b 1 dy		c. CITY OR TOWN Kinloch		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 357 Jefferson		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Artie Middle W Last Elridge				4. DATE OF DEATH Month 2 Day 14 Year 60									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11 May 1908		9. AGE (last birthday) 57		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) Labor				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Elridge, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Alfred Elridge				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Lillie Elridge					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Lillie Elridge 357 Jefferson, Kinloch							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DISEASE WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Natural Causes										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)											
		DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)										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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)									
20c. TIME OF INJURY Hour 12:31 P a.m. p.m.		Month, Day, Year											
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		COUNTY		STATE				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:31 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (In large or title) John C. Murphy MD Asst. Health Commissioner						22b. ADDRESS 801 S. Brentwood Clayton, Mo.			22c. DATE SIGNED				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/18/60		23c. NAME OF CEMETERY OR CREMATORY Father Dickson			23d. LOCATION (City, town, or county) (State) Saint Louis Co., Mo.						
24. FUNERAL DIRECTOR Boyd Brothers 5625 Carson Road, Kinloch				25. DATE RECD. BY LOCAL REG. 2-16-60		26. REGISTRAR'S SIGNATURE John C. Murphy MD							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Henry Williams

Licensed Embalmer No. 4281

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.