

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012489

FILED MAR 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-2838** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 3 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 936 RUTGER STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES M. DALLAS				4. DATE OF DEATH Month Day Year 3/9/60									
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 11/3/29		9. AGE (last birthday) 39c		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TECH. CLERK				10b. KIND OF BUSINESS OR INDUSTRY Design Service		11. BIRTHPLACE (City and state or country) O'FALLON, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME JAMES O. DALLAS				13b. MOTHER'S MAIDEN NAME GLADYS BOYCE				14. NAME OF HUSBAND OR WIFE MAXINE DALLAS					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES				16. SOCIAL SECURITY NO. UNK		17. INFORMANT MAXINE DALLAS (WIDOW)		Address 936 RUTGER ST. ST. LOUIS, MO.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION										INTERVAL BETWEEN ONSET AND DEATH 1 WEEK			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										4201			
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					
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.)									
20c. TIME OF INJURY Hour _____ 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. # attended the deceased from VA 3/6/60 to 3/9/60 and last saw him alive on 3/9/60 Death occurred at 11:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Charles M. Dallas, M.D. (Degree or title)				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 3/9/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/14/60		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.							
24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette(4) ADDRESS				25. DATE RECD. BY LOCAL REG. MAR 11 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.							

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

James R. Chapman
Licensed Embalmer No. 455
P. O. Address St. Louis

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