

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013658

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Registration District No. \_\_\_\_\_ Primary Registration District No. 500 Registrar's No. 717 STATE FILE NUMBER \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <i>Saint Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>ST Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Normandy</i>		Length of stay in 1b <i>28 days</i>	c. CITY OR TOWN <i>Overland</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Normandy Osteopathic Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>9437 Romaine</i> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Eugene Hess</i>			4. DATE OF DEATH Month Day Year <i>Feb. 29 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-26-1901</i>	9. AGE (last birthday) <i>58</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plumber</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Plumber's union</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U S A</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>---</i>		16. SOCIAL SECURITY NO. <i>3</i>		17. INFORMANT <i>Medical Record</i> Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Peripneumonic Colloids</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sci</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Brainstem</i>	<i>1 mo</i>
	DUE TO (c) <i>Generalized Carcinomatous Bronchiectasis</i>	<i>4 Months</i>
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. I attended the deceased from *Feb 1, 1960* to *Feb. 29, 1960* and last saw her him alive on *Feb. 29, 1960*  
Death occurred at *4:10 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>William D McKeever Jr</i>		22b. ADDRESS <i>7811 Carondelet-Clayton 5, Mo.</i>		22c. DATE SIGNED <i>3-1-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>Mar. 3/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bethany Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>6800 Easton St. Louis Mo.</i>		
24. FUNERAL DIRECTOR <i>Baumann Bro. Overland Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-2-60</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>		

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 David C. Overton

Licensed Embalmer No. 3457  
P. O. Address Overton

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.