

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-016994**

**FILED VS APR 22 1960**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **3 4061** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo</i> Length of stay in 1b c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside give location) <i>606 R Victory</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside give location) <i>606 R Victory</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <i>PETE</i> Middle Last <i>KASH</i>				<b>4. DATE OF DEATH</b> Month <i>3</i> Day <i>22</i> Year <i>60</i>									
<b>5. SEX</b> <i>Male</i>		<b>6. COLOR OR RACE</b> <i>White</i>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b>		<b>9. AGE (last birthday)</b>		<b>IF UNDER 1 YEAR</b>		<b>IF UNDER 24 HR</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Plumber</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Plumber</i>		<b>11. BIRTHPLACE</b> (City and state or country) <i>Missouri</i>		<b>12. CITIZEN OF WHAT COUNTRY</b>		<b>13a. FATHER'S NAME</b> <i>W. K.</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>W. K.</i>		<b>14. NAME OF HUSBAND OR WIFE</b> <i>W. K.</i>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes</i>				<b>16. SOCIAL SECURITY NO.</b> <i>W. K.</i>		<b>17. INFORMANT</b> <i>W. K. Taylor</i>		Address <i>1300 Clark</i>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1 Coronary Thrombosis</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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"/> N- <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.</b> Death occurred at <i>11:55</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Ink or title) <i>Raymond M. Smith, M.D.</i>						<b>22b. ADDRESS</b> <i>1300 Clark</i>				<b>22c. DATE SIGNED</b> <i>4-5-60</i>			
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>4-30-60</i>			<b>23b. DATE</b>			<b>23c. NAME OF CEMETERY OR CREMATORY</b> <i>Anatomical Board</i>			<b>23d. LOCATION</b> (City, town, or county) (State) <i>St. Louis, Mo.</i>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <i>Rowland Monahan S. Co. 4104-06 Manchester</i>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>APR 14 1960</b>				<b>26. REGISTRAR'S SIGNATURE</b> <i>Raymond M. Smith, M.D.</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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.