

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017429

FILED VS APR 29 1960

2. 3725

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Length of stay in 1b 20 DAYS		c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8817 RAMONA AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WEIR Middle M. Last VANDERSLICE			4. DATE OF DEATH Month MARCH Day 31 Year 1960										
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 12/30/94		9. AGE (last birthday) 65		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 Machinist				10b. KIND OF BUSINESS OR INDUSTRY Shoe		11. BIRTHPLACE (City and state or country) PARKER FORD, PA.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME ISAAC W VANDERSLICE				13b. MOTHER'S MAIDEN NAME MARY CRESINGER				14. NAME OF HUSBAND OR WIFE HELEN VANDERSLICE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I				16. SOCIAL SECURITY NO. 489-03-6594		17. INFORMANT 8817 RAMONA HELEN VANDERSLICE 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) MYOSINS SECONDARY TO CLOSTRIDIUM PERFRINGENS DUE TO (b) STATUS POST OPERATIVE PELVIC EXENTERATION DUE TO (c) FOR CARCINOMA OF RECTUM 154X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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"/> 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 3/11/60 to 3/31/60 and last saw him alive on 3/31/60 Death occurred at 11:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE <i>Terwin K. Rosenberg</i> TERWIN K. ROSENBERG				(Degree or title) M.D.		22b. ADDRESS VAH, ST LOUIS, MISSOURI				22c. DATE SIGNED 4/7/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/4/60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis Mo.							
24. FUNERAL DIRECTOR Calvin Eutz Funeral Home 4828 Natural Bridge Blvd.				25. DATE RECD. BY LOCAL REG. APR 2 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith</i> Earl 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 Ralph C Linders

Licensed Embalmer No. 4275

P. O. Address St Louis Mo

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.