

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021127

FILED VS JUN 9 1960 318

Primary Registration District No. 1003

Registrar's No. 5619

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. 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"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hosp. #1</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2412 S. 11<sup>th</sup> ST.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>S.</i> Last <i>Juliet</i>				4. DATE OF DEATH Month <i>5</i> Day <i>29</i> Year <i>60</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>8-11-1885</i>	9. AGE (last birthday) <i>74</i>	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, or if retired) <i>RETIRED BARBER</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>MISSOURI</i>	12. CITIZEN OF WHAT COUNTRY <i>U-S-A</i>	
13a. FATHER'S NAME <i>FRANK JULIET</i>			13b. MOTHER'S MAIDEN NAME <i>JULIA BOURISAW</i>		14. NAME OF HUSBAND OR WIFE <i>NAOMI JULIET</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WORLD WAR I</i>			16. SOCIAL SECURITY NO. <i>486-38-8889</i>	17. INFORMANT Address <i>NAOMI JULIET 2412 S. 11<sup>th</sup> ST</i>			
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>heart failure</i>							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) _____ <i>420.0</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 checked="" 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 _____ 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 <i>5/2/60</i> to <i>5/29/60</i> and last saw <sup>him</sup> alive on <i>5/29/60</i> Death occurred at <i>7:05 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>D. J. Sping, M.D.</i>				22b. ADDRESS <i>1515 Lafayette Ave.</i>		22c. DATE SIGNED <i>5/29/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>JUNE 1 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>JEFFERSON BARRACKS MO.</i>			
24. FEDERAL DIRECTOR ADDRESS <i>Thomas Kutia 2906 Gravois</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 31 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> <i>m y B.</i>			

DOCUMENT

MEDICAL CERTIFICATION

Obituary written by heart doc. BY AFFIDAVIT OF

JUN 9 1930

**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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gros

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.