

MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-021146

FILED VS JUN 9 1960 318

1003

5641

STATE FILE NUMBER

INDEXED

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		Length of stay in 1b 2 Weeks	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 St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6101 Elizabeth Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle C. Last KEMP			4. DATE OF DEATH Month May Day 29 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 11-23-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman		10b. KIND OF BUSINESS OR INDUSTRY Vacuum Cleaners	11. BIRTHPLACE (City and state or country) Decatur, Ill.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Kemp		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Alice Kemp		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 460-05-1852	17. INFORMANT Alice Kemp, above			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary artery insufficiency unknown**
DUE TO (b) **arteriosclerotic heart disease unknown**
DUE TO (c) **420.0**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
Obstructive pulmonary emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **May 15, 1960 approx** and last saw her/him alive on **May 29, 1960**
Death occurred at **12:45 PM** on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title)
Andrew J. Triteck M.D.

22b. ADDRESS
3075. Euclid, St. Louis Mo

22c. DATE SIGNED
6-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
6-2-60

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo.

24. FUNERAL DIRECTOR
JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.
JUN 1 1960

26. REGISTRAR'S SIGNATURE
Joan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

moe

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 J. Allen Davis
Licensed Embalmer No. 405

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.