

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024728

FILED VS JUN 27 1960

318

Primary Registration District No. **1003**

Registrar's No. **5960**

STATE FILE NUMBER

ENDED

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		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 919 Elias Ave.,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 919 Elias Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First ROSE Middle FRANCES Last LYDICK				4. DATE OF DEATH Month June Day 9th Year 1960															
5. SEX female		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 8/13/89		9. AGE (last birthday) 70		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) housewife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME Albert Meyer				13b. MOTHER'S MAIDEN NAME not known				14. NAME OF HUSBAND OR WIFE Orin T Lydick											
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. 492-22-7426		17. INFORMANT Address Albert Niemeyer, 10400 Earl Dr.,													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) "Myocardial Infarction" DUE TO (b) coronary thrombosis DUE TO (c) 420.1										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 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 Month, Day, Year a.m. p.m.		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 8:00 Oct 25, 1958 to present and last saw her him alive on Feb 4, 1959 Death occurred at 8 am on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE Michael M. Karl (Degree or title) MD						22b. ADDRESS 4652 Brandford						22c. DATE SIGNED 6/10/60							
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 6/11/60		23c. NAME OF CEMETERY OR CREMATORY Valhalla				23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.											
24. FUNERAL DIRECTOR Emil J. Heitzenroeder, 8319 Hallsferry				25. DATE RECD. BY LOCAL REG. JUN 10 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>ES</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 Elton R. Renshaw

Licensed Embalmer No. 4285

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.

Printed name of licensed embalmer