

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028104

FILED VS. JUL 22 1960

318

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6815

STATE FILE NUMBER

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>1070 10th St.</i>		d. STREET ADDRESS (If outside give location) <i>1070 10th St.</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>ALBERT BENSON</i>		4. DATE OF DEATH Month Day Year <i>0 13 60</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Trucker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Trucking</i>	11. BIRTHPLACE (City and state or country) <i>Mo.</i>
13a. FATHER'S NAME <i>Wick</i>		13b. MOTHER'S MAIDEN NAME <i>Wick</i>	14. NAME OF HUSBAND OR WIFE <i>Wick</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Wick</i>		16. SOCIAL SECURITY NO. <i>Wick</i>	17. INFORMANT <i>P. E. Taylor 1300 Clark</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic HEART DISEASE</i> DUE TO (c) <i>Generalized Arteriosclerosis</i>			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) <i>W.M.A. 4200</i>			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 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>40</i> to <i>40</i> and last saw her/him alive on <i>7-30-60</i> . Death occurred at <i>Home</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond S. Taylor</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>6-27-60</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>7-30-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		24. FUNERAL DIRECTOR ADDRESS <i>Rowland Mortuary Svc 4104-06 Manchester</i>	
25. DATE RECD. BY LOCAL REG. <i>JUL 7 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i> <i>ms</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 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.