

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028288

FILED VS JUL 22 1960

318

1003

7184

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u> City of <u>St. Louis, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		Length of stay in 1b		c. CITY OR TOWN <u>Chaffee, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Frisco Employes Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>425 Elliott</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <u>Euga</u> Middle <u>L</u> Last <u>Ervin</u>				4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1960</u>													
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/6/1902</u>		9. AGE (last birthday) <u>57</u>		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) <u>Engine Foreman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>				11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Newt Ervin</u>				13b. MOTHER'S MAIDEN NAME <u>Ida Crump</u>				14. NAME OF HUSBAND OR WIFE <u>Lola Mae Ervin</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Lola Mae Ervin Chaffee, Mo</u>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 d</u>							
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 <u>Chaffee, Mo</u>		STATE	
21. I attended the deceased from <u>7-10-1960</u> to <u>7-16-1960</u> and last saw her/him alive on <u>7-15-1960</u> . Death occurred at <u>8:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <u>Charles Gallagher M.D.</u>						22b. ADDRESS <u>8663 Brookshire St Louis</u>						22c. DATE SIGNED <u>7-16-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-16-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Park, Cemetery</u>				23d. LOCATION (City, town, or county) <u>Chaffee, Mo</u>				(State)					
24. FUNERAL DIRECTOR <u>Albert H. Hoppe</u>				ADDRESS <u>4700 Washington</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 18 1960</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Handwritten initials

JUL 25 1960

SEP 13 1960

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 John J. Staines

Licensed Embalmer No. 4108

P. O. Address Staines

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.