

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

318

1003

6248 60-028297

STATE FILE NUMBER

| | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|---|--|------------------------------------|--------------------------------|-------|------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in lb 2 Hours | | c. CITY OR TOWN Spanish Lake 100^c | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1017 Lakeview Avenue | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Walter Middle Frank Last Fawcett WALTER F. FAWCETT | | | | 4. DATE OF DEATH Month June Day 17 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 6-19-1895 | | 9. AGE (last birthday) 64 | | 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) Senior Turbine Operator | | | | 10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co. | | 11. BIRTHPLACE (City and state or country) Washington, Indiana | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |
| 13a. FATHER'S NAME Frank M. Fawcett | | | | 13b. MOTHER'S MAIDEN NAME Frances M. McClure | | | | 14. NAME OF HUSBAND OR WIFE Agnes Fawcett | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Agnes Fawcett - 1017 Lakeview Av. | | | | | | | |
| 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 occlusion and myocardial infarction with rt side cardiac dilatation and effusion DUE TO (c) Arteriosclerosis and Diabetes mellitus 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 (a) none | | | | | | | | 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 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.) 420.1 | | | | | | | | | |
| 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 June 1952 to date of death and last saw him alive on June 9-1960 Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Clarence H. Kilker MD | | | | | | 22b. ADDRESS 3121 N Grand St. Louis, Mo | | | 22c. DATE SIGNED 6-18-60 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE June 21, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair | | | | 25. DATE RECD. BY LOCAL REG. JUN 18 1960 | | 26. REGISTRAR'S SIGNATURE Loal Smith, M.D. | | | | | | | |

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 Welford G. Burnley

Licensed Embalmer No. 4202

P. O. Address H. Green

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.