

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 19 1960

60-028345

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6496

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 41 day		c. CITY OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2530 Oltz Terr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Helena Middle Gideon Last Gideon				4. DATE OF DEATH Month June Day 25 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 10/4/1903		9. AGE (last birthday) 56	
						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) Postal Clerk				10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (City and state or country) Stoutsville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Richard A. Fitzpatrick				13b. MOTHER'S MAIDEN NAME Mary Elizabeth Wilkerson		14. NAME OF HUSBAND OR WIFE David W. Gideon			
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. 498-07-0822		17. INFORMANT Address David Gideon 2530 Oltz Terr. Overland, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Myocardial failure from acute fibrous pericarditis</i>								4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>300 cc fluid in pericardial cavity</i>							
		DUE TO (c) <i>Hypertrophy of rt + left ventricle of heart</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertrophied arteries of knees</i>								PART III. If deceased was female was there a pregnancy in last 90 days. 434.4	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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>Dec. 1957</i> to <i>June 25, 1960</i> and last saw her alive on <i>June 25, 1960</i> Death occurred at <i>939 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>M. P. Miller</i>				22b. ADDRESS <i>9785 Page Blvd St. Louis 14, Mo.</i>		22c. DATE SIGNED <i>6/25/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-28-60		23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.		23d. LOCATION (City, town, or county) Florissant, Mo.			
24. FUNERAL DIRECTOR Ortmann F. Home				ADDRESS 9222 Lackland Overland Mo.		25. DATE RECD. BY LOCAL REG. JUN 27 1960		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</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 Sam Stipanovic

Licensed Embalmer No. 508

P. O. Address _____

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.