

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028388

from St. Joseph's Hospital in Kirkwood

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7085 STATE FILE NUMBER

INDEXED FILED VS AUG 10 1960

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		c. CITY OR TOWN St. Louis	
Length of stay in 1b 1Hr 35MIN		d. STREET ADDRESS (If outside, give location) Rt #1 Box 43	
3. NAME OF DECEASED (Type or print) First Middle Last Keith Marion Hansel		4. DATE OF DEATH Month Day Year July 13 60	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Kirkwood, MO
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME James Hansel	
13b. MOTHER'S MAIDEN NAME Emily England		14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT Address Dorothy Vella 500 S. Kingshighway
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>Cardiac arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Recurrent meningitis due to Entero. organisms</u> DUE TO (c) <u>3402</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dementia</u> 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			INTERVAL BETWEEN ONSET AND DEATH
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 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 7-13-60 to 7-13-60 and last saw her him alive on 7-13-60		Death occurred at 7:10 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Leah Smith M.D.</u>		22b. ADDRESS 8225 Clayton Rd Clayton Mo.	22c. DATE SIGNED 7/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-15-60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. JUL 14 1960	26. REGISTRAR'S SIGNATURE <u>Leah Smith, M.D.</u> MDS

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

Gene A. Hutchins

Licensed Embalmer No. 4966

P. O. Address FLORISSA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.