

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028611

FILED VS JUL 18 1960

318

1003

6125

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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, Mo.		Length of stay in lb	c. CITY OR TOWN University City #326
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1205 Sutter, Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Vern Middle William Last Mauck			4. DATE OF DEATH Month June Day 14 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/6 /1910	9. AGE (last birthday) 49	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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Furniture Co.		11. BIRTHPLACE (City and state or country) Mount Sterling, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Earl Mauck		13b. MOTHER'S MAIDEN NAME Pearl Lantz		14. NAME OF HUSBAND OR WIFE Betty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. 489-05-9804		17. INFORMANT Alfred Mauck, 1205 Sutter, Ave.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	981+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or other cause) Accidental homicide	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lavern	20c. CITY, TOWN, OR LOCATION St. Louis Mo	20d. STATE Mo
20c. TIME OF INJURY 11:25 p.m.	20c. Month, Day, Year 6 13 60	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1220 A		

21. I attended the deceased from **1220 A** to **1220 A** and last saw him alive on **6-13-60**
Death occurred at **1220 A** on **6-13-60** at the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond J. Dwyer	22b. ADDRESS 1300 Cedar	22c. DATE SIGNED 6-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-16-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.	24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	

25. DATE RECD. BY LOCAL REG. JUN 15 1960	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.
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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 Isy W Wilkinson

Licensed Embalmer No. 357

P. O. Address W Lou

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.