

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033030

8 088 148

SL 23561

318

Primary Registration District No. 1003

Registrar's No.

8249

STATE FILE NUMBER

FILED VS AUG 30 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 14 days	c. CITY OR TOWN EAST ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VA HOSP ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Apt 2H, Villa Griffin Homes
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PAUL Middle E. Last WATERS	4. DATE OF DEATH Month 8 Day 21 Year 60
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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 1/12/15	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	11. BIRTHPLACE (City and state or country) EVANSVILLE, INDIANA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JAMES L. WATERS	13b. MOTHER'S MAIDEN NAME ESTER K. VOELKEL	14. NAME OF HUSBAND OR WIFE HELEN WATERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. ---	17. INFORMANT Helen Waters	Address Apt 2H Villa Griffin Homes E. St. Louis, Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA LUNG, FAR ADVANCED, METASTASIS		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	163x
	DUE TO (c) _____	

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. 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from VA 8/8/60 to 8/21/60	Death occurred at 7:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Mark J. Halloran M.D.	22b. ADDRESS VA HOSP ST. LOUIS, MO.	22c. DATE SIGNED 8/21/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/21/60	23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks	23d. LOCATION (City, town, or county) (State) Jefferson Barracks 25, Mo.
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24. FUNERAL DIRECTOR EDW FENDLER MORT. 5611 So. Grand	25. DATE RECD. BY LOCAL REG. AUG 22 1960	26. REGISTRAR'S SIGNATURE Kearl 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 George W. Davalt

Licensed Embalmer No. 4799

P. O. Address St. Louis

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.