

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036821

FILED 15 OCT 10 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2887

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE _____ b. COUNTY <u>4002</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>Wink</u>	
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION <u>St. Louis County</u>		d. STREET ADDRESS (If outside, give location) <u>Wink</u>	

3. NAME OF DECEASED (Type or print) First <u>Elsie</u> Middle _____ Last <u>CONKLIN</u>			4. DATE OF DEATH Month <u>9</u> Day <u>11</u> Year <u>60</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>unk</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>unk</u>	9. AGE (last birthday) _____	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Rowland Aker Mort.</u>		Address _____

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) <u>Uremia</u>			
DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) <u>Gen Arteriosclerosis</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	---	--

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.)	
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 9-8-60 to 9-8-60 and last saw her/him alive on 9-8-60
Death occurred at 2:06 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert L. Moore MD</u> (Degree or title)	22b. ADDRESS <u>6015e. Brentwood-Clayton</u>	22c. DATE SIGNED <u>9/11/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE _____	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical</u>
24. FUNERAL DIRECTOR <u>Rowland-Aker Mortuary Service</u> ADDRESS _____		23d. LOCATION (City, town, or county) <u>Mo. State</u>

25. DATE RECD. BY LOCAL REG. <u>10-3-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	--

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 Anatomical, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mary Kearney
Licensed Embalmer No. _____

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.