

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037058

FILED VS OCT 1 0 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2757

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| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Maryland Heights</u>    |  | Length of stay in 1b<br><u>3 Yrs.</u>  | c. CITY OR TOWN <u>Maryland Heights</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>145 Edgewood</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>145 Edgewood</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Robert</u> Middle <u>S.</u> Last <u>Major</u> | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>17,</u> Year <u>1960</u> |
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|                       |                                  |   |                                      |                                     |  |  |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/15/1892</u> | 9. AGE (last birthday)<br><u>68</u> | IF UNDER 1 YEAR<br>Months <u>        </u> Days <u>        </u> | IF UNDER 24 HR<br>Hours <u>        </u> Min. <u>        </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Sheet Metal</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Sash And Door</u> | 11. BIRTHPLACE (City and state or country)<br><u>Philadelphia Penn.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Robert Major</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Nettie Hefterich</u> | 14. NAME OF HUSBAND OR WIFE<br><u>The Late Imogene Major</u> |
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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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>197 09 9268</u> | 17. INFORMANT<br><u>Margaret Hatch, 145 Edgewood</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CVA.</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>1 Hypertension - arteriosclerosis</u> |  |
|   | DUE TO (c) <u>Emphysema</u>                         |  |

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| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)<br><u>        </u> |
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|---|---|---|---|---------------------------|--------------------------|
| 20c. TIME OF INJURY<br>Hour <u>        </u> Month, Day, Year <u>        </u><br>a.m. <u>        </u> p.m. <u>        </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>        </u> | 20f. CITY, TOWN, OR LOCATION<br><u>        </u> | COUNTY<br><u>        </u> | STATE<br><u>        </u> |
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21. I attended the deceased from Jan. 1958 to Sept. 1960 and last saw him alive on Sept 10<sup>th</sup> 1960.  
Death occurred at          on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                       |                                    |
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| 22a. SIGNATURE<br><u>R. J. [Signature]</u> (Degree or title) | 22b. ADDRESS<br><u>6000 [Address]</u> | 22c. DATE SIGNED<br><u>9-17-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>9/18/60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Woodland Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Philadelphia Pennsylvania</u> |
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| 24. FUNERAL DIRECTOR<br><u>Collier Mortuary, St. Ann, Mo.</u> | ADDRESS<br><u>        </u> | 25. DATE RECD. BY LOCAL REG.<br><u>9-17-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |
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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 Sheldon Collins

Licensed Embalmer No. 3380

P. O. Address St. Ann

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.