MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

-60-043575

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10899

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CITY HOSP. #I
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5016 N. Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle Last FLANDERS
4. DATE OF DEATH: Month II Day 7 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/26/01
9. AGE (last birthday): 59
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Grafton, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George H. Flanders
13b. MOTHER'S MAIDEN NAME: Edna (Unknown)
14. NAME OF HUSBAND OR WIFE: Mildred
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-05-7165
17. INFORMANT: Mildred Flanders, 6121 Victoria Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 II/5/60, to II/7/60 and last saw her/him alive on II/7/60
Death occurred at 11/45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joe L. McKinney (Degree or title) MD
22b. ADDRESS: 1515 LAFAYETTE AVE.
22c. DATE SIGNED: II/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 11/14/60
23c. NAME OF CEMETERY OR CREMATORY: Chronic Hosp. Crematory
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: McLAUGHLIN'S
ADDRESS: 2301 Lafayette
25. DATE RECD. BY LOCAL REG.: NOV 12 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Mc Laughlin Funeral

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address St Louis

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