

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b <i>80 YEARS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2719 ELLIOTT STREET</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>JASTER</i> Last				4. DATE OF DEATH Month <i>NOVEMBER</i> Day <i>25</i> Year <i>1960</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MARCH 15, 1880</i>	9. AGE (last birthday) <i>80 YEARS</i>	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) <i>SHOE WORKER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SHOE</i>		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MISSOURI</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>JASTER</i>			13b. MOTHER'S MAIDEN NAME <i>FRANCES</i>			14. NAME OF HUSBAND OR WIFE <i>ALMA JASTER</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>ALMA JASTER, 2719 ELLIOTT STREET</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of left hip; Generalized arteriosclerosis</i> DUE TO (b) <i>suffered in fall at Penn Nursing Home</i> DUE TO (c) <i>4411 Carson Road, Oct. 31, 1960 Accident</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>904.7 - 45</i>							INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>(SEE ABOVE)</i>						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>10-31-60</i>		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.) <i>35 Nursing home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis County Mo.</i>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>8:00 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Patricia E Taylor coroner</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>11-26-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>NOVEMBER 28, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MISSOURI</i>				
24. FUNERAL DIRECTOR ADDRESS <i>STOCK MORTUARIES, 2117 EAST GRAND ST.</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 26 1960</i>		26. REGISTRAR'S SIGNATURE <i>Wood Smith, M.D.</i>		

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 Paul A. Wachtel

Licensed Embalmer No. 4787

P. O. Address St. Louis, Mo.

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.