URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1960 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 11510

-60-043948
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 3days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN ~~St. Louis~~ — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 11849 Bellefontaine — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Garry Middle: Wayne Last: Mikesell
4. DATE OF DEATH Month: Nov. Day: 28, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-24-57
9. AGE (last birthday): 2 yr — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Gerald W. Mikesell
13b. MOTHER'S MAIDEN NAME: Ann Davis
14. NAME OF HUSBAND OR WIFE: never married
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.: None
17. INFORMANT: Jane Henrichsen Address: St. Louis Missouri

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) Cardiac arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure
DUE TO (c) Bronchopneumonia
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)
Hydrocephalus 752X

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 11-25-60 to 11-28-60 and last saw her/him alive on 11-28-60
Death occurred at 12:40pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J Neal Middlekamp MD.
22b. ADDRESS: St. Louis Missouri
22c. DATE SIGNED: 11-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-1-60
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: White-Mullen 118 N. Florissant Rd. Ferg.
25. DATE RECD. BY LOCAL REG.: NOV 29 1960
26. REGISTRAR'S SIGNATURE: Pearl Smith, M.D.

DOCUMENT

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_____ Signed Reinhold K Lohrm am

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis

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