RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044053

FILED VS DEC 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11417

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1516 Hamilton
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1516 Hamilton
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First OSCAR Middle L Last PELPHREY

4. DATE OF DEATH: Month November Day 27 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 12, 1879
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months 3 Days 15
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Rexall Drug Co.
11. BIRTHPLACE (City and state or country): Paintsville, Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: unk Pelphrey
13b. MOTHER'S MAIDEN NAME: unk Mallow
14. NAME OF HUSBAND OR WIFE: Julia M. Pelphrey

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.: 490-03-7017
17. INFORMANT: Julia Pelphrey, 1516 Hamilton
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): coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years
DUE TO (b): arteriosclerosis — 10 years
DUE TO (c): 420.1
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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 1950, to Nov. 27, 1960 and last saw him alive on Nov. 27 1960
Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul H. Chapman M.D.
Paul H. Chapman M.D.
22b. ADDRESS: 3518 Dodier
22c. DATE SIGNED: 11/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov. 29, 1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Ambruster Mortuary, 6633 Clayton Rd.
ADDRESS
25. DATE RECD. BY LOCAL REG.: NOV 28 1960
26. REGISTRAR'S SIGNATURE: Neal 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_____

Signature of Student Embalmer

Licensed Embalmer No. 478

P. O. Address St. Louis

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