

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-048113**

**FILED VS. JAN 5 1961 317**

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3661

STATE FILE NUMBER

|   |   |   |  |   |   |  |  |  |
|---|---|---|--|---|---|--|--|--|
| <b>1. PLACE OF DEATH</b>  |   |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)        |   |  |  |  |
| a. COUNTY<br><b>St. Louis</b>   |   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Kirkwood</b>   |  | a. STATE<br><b>Mo.</b>  |   | b. COUNTY<br><b>St. Louis</b>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>790 Gabriel Court</b>  |   | Length of stay in 1b<br><b>4 1/2 Yrs.</b>   |  | c. CITY OR TOWN<br><b>Kirkwood</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |  |  |
|   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS<br><b>790 Gabriel Court</b>   |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print)  |   |   |  | <b>4. DATE OF DEATH</b>   |   |  |  |  |
| First<br><b>George</b>  |   | Middle<br><b>W.</b>   |  | Last<br><b>Courson</b>  |   | Month Day Year<br><b>12 19 1960</b>  |  |  |
| <b>5. SEX</b><br><b>Male</b>  | <b>6. COLOR OR RACE</b><br><b>White</b>       | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> |  | <b>8. DATE OF BIRTH</b><br><b>4/20/06</b>   | <b>9. AGE (last birthday)</b><br><b>54</b>                        | <b>IF UNDER 1 YEAR</b>   | <b>IF UNDER 24 HR</b>  |  |
|   |   |   |  |   |   | Months   | Days   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Reg. Plant Dist. Mgr.</b>  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Chevrolet Motor</b>  |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>St. Louis, Mo.</b>                          |   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U.S.A.</b>  |  |  |
| <b>13a. FATHER'S NAME</b><br><b>George J. Courson</b>   |   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Jennie Razy</b> |   |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Evelyn Q. Courson</b>   |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   |   | <b>16. SOCIAL SECURITY NO.</b>                         |   | <b>17. INFORMANT</b><br><b>Evelyn Q. Courson, 790 Gabriel Ct.</b> |  |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   |   |  |   |   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b>  |  |
| IMMEDIATE CAUSE (a) <b>GENERALIZED CARCINOMATOSIS</b>   |   |   |  |   |   |  | <b>2 MOS.</b>  |  |
| DUE TO (b) <b>METASTATIC BRONCHOGENIC CARCINOMA</b>   |   |   |  |   |   |  | <b>8 MOS.</b>  |  |
| DUE TO (c) _____  |   |   |  |   |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>EXTENSIVE LIVER</b>   |   |   |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | <b>20a. ACCIDENT</b> <input type="checkbox"/> | <b>SUICIDE</b> <input type="checkbox"/>   | <b>HOMICIDE</b> <input type="checkbox"/>               | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |   |  |  |  |
| <b>20c. TIME OF INJURY</b><br>Hour a.m. p.m.<br>Month, Day, Year  |   |   |  |   |   |  |  |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>  |   | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>20f. CITY, TOWN, OR LOCATION</b>   |   | <b>COUNTY</b>  | <b>STATE</b>   |  |
| <b>21. I attended the deceased from</b> <u>6/29/60</u> <b>to</b> <u>12/10/60</u> <b>and last saw her/him alive on</b> <u>12/10/60</u><br><b>Death occurred at</b> <u>12/19/60</u> <b>4:40 A</b> <b>m on the date stated above, and to the best of my knowledge, from the causes stated.</b> |   |   |  |   |   |  |  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><i>Richard W. Gore M.D.</i>  |   |   |  | <b>22b. ADDRESS</b><br><i>52 Maryland Plaza</i>   |   |  | <b>22c. DATE SIGNED</b>  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>burial</b>   |   | <b>23b. DATE</b><br><b>12/21/60</b>   |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Valhalla Cemetery</b>                               |   | <b>23d. LOCATION</b> (City, town, or county) (State)<br><b>St. Louis County Mo.</b>                                  |  |  |
| <b>24. FUNERAL DIRECTOR</b><br><b>Drehmann-Harral, 1905 Union Blvd.</b>   |   |   |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>12-20-60</b>  |   | <b>26. REGISTRAR'S SIGNATURE</b><br><i>J. C. Murphy M.D.</i>   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. John

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.