IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048179

STATE FILE NUMBER

FILED VS JAN 5 1961

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3699

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hosp.
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. John
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 8611 Hume Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Orville Middle: William Last: Proctor

4. DATE OF DEATH: Month Dec. Day 22 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-20-04

9. AGE (last birthday): 56

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): Bus Operator

10b. KIND OF BUSINESS OR INDUSTRY: Public Service

11. BIRTHPLACE (City and state or country): Carter County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Richard Proctor

13b. MOTHER'S MAIDEN NAME: Peral Pyles

14. NAME OF HUSBAND OR WIFE: Stella Proctor

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.: 497-03-7734

17. INFORMANT: Stella Proctor Address: 8611 Hume Ave.

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): metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 12 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): primary probably lung carcinoma

DUE TO (c):

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 Oct. 1960, to Dec 1960 and last saw her/him alive on Dec. 22, 1960

Death occurred at 3:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Sidney Fich (Degree or title)

22b. ADDRESS: 457 N. Kingshighway St. Louis, Mo.

22c. DATE SIGNED: 12/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-24-1960

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery

23d. LOCATION (City, town, or county) (State): Pagedale, Mo.

24. FUNERAL DIRECTOR: Baumann Bros-Inc. ADDRESS: 2504-Woodson Rd-Overland-14-Mo.

25. DATE RECD. BY LOCAL REG.: 12-23-60

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gils

Signature of Student Embalmer

Licensed Embalmer No. 345

P. O. Address Overlan

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.