

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

VS JAN 16 1961
AMENDED

318

1003

35-61-003348
STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis (18)		Length of stay in 1b D.O.A.		c. CITY OR TOWN Saint Louis (16)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3775 Upton St.	
3. NAME OF DECEASED (Type or print) First BESSIE Middle C. Last LEWIS				4. DATE OF DEATH Month Jan. Day 1 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/13/93	
				9. AGE (last birthday) 67		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) Laundry Worker				10b. KIND OF BUSINESS OR INDUSTRY Robert Koch Hosp		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Andrew Coleman				13b. MOTHER'S MAIDEN NAME Elizabeth Burton		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Barbara O'Brien 7141 Virginia Ave. (11)	
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 30 days DUE TO (b) Generalized Arteriosclerosis Indefinite DUE TO (c) Hypertension 3 months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 October 10 1960 to January 1 1961 and last saw her/him alive on December 19 1960 Death occurred at 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Nicholas A. Young M.D.				22b. ADDRESS 4307. 5 Grand Blvd		22c. DATE SIGNED Jan. 3 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 4, 1961		23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		23d. LOCATION (City, town, or county) (State) Afton (23) Mo.	
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan Ave. (11)				25. DATE RECD. BY LOCAL REG. JAN 3 1961		26. REGISTRAR'S SIGNATURE Loed Smith M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. Nicholas A. Young
4307 So. Grand Ave
Ve 2-7383

10-12 AM
7:40 AM Tues.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.