

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 2 yrs. 2 mo.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1821a S. 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First John Middle Last Miller				4. DATE OF DEATH Month 1-26-61 Day Year											
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH APR 13, 1870		9. AGE (last birthday) 90		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) RETIRED CARPENTER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY U-S-A					
13a. FATHER'S NAME unk.				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE							
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 JOHN ZUPEZ 6411 WOODBINE CT. Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITONITIS, FECO-PURULENT DUE TO (b) PERFORATION, COHON, DESCENDING, SITE OF CARCINOMA DUE TO (c) CARCINOMA, DESCENDING COLON 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) 153.2										INTERVAL BETWEEN ONSET AND DEATH					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 11-26-58 to 1-26-61 and last saw ^{her} him alive on 1-26-61 Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE John J. Keeney, M.D. (Degree or title)						22b. ADDRESS 5600 Arsenal Ave.			22c. DATE SIGNED 1-27-61						
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL		23b. DATE JAN 28, 1961		23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL CEM.			23d. LOCATION (City, town, or county) ST. LOUIS		23e. (State) MO.						
24. GENERAL DIRECTOR Thomas Kates 2906 Gravois ADDRESS				25. DATE RECD. BY LOCAL REG. JAN 28 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.									

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 Edward Brown

Licensed Embalmer No. 3403

P. O. Address: 2906 Grouse

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.