

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1698

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. ANTHONY Hosp.</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2913 WYOMING</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>MARIE</i> Middle <i>ANNETTE</i> Last <i>MICHAEL</i>				4. DATE OF DEATH Month <i>FEB.</i> Day <i>18</i> Year <i>1961</i>									
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>APR. 16 1959</i>		9. AGE (last birthday) <i>1</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. - A.</i>					
13a. FATHER'S NAME <i>LOUIS MICHAEL</i>				13b. MOTHER'S MAIDEN NAME <i>ROSE GOSSER</i>				14. NAME OF HUSBAND OR WIFE <i>-</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>				16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>LOUIS MICHAEL 2913 WYOMING</i> 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) <i>Pulmonary edema; Atelectasis</i> DUE TO (b) <i>greater portion of the lungs, in quinal</i> DUE TO (c) <i>adonitis probably lymphatic leukemia.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>2040</i> 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 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 _____ to _____ and last saw her/him alive on _____. Death occurred at _____ <i>9:50 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Joseph M. Quinn</i> (Degree or title)						22b. ADDRESS <i>1300 e. 4th</i>			22c. DATE SIGNED <i>2-20-61</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>			23b. DATE <i>FEB. 21 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>ST. MATTHEW CEM.</i>			23d. LOCATION (City, town, or county) <i>ST. LOUIS Mo</i>		(State)			
24. FUNERAL DIRECTOR <i>Thomas Kutek 2906 Gravois</i>					25. DATE RECD. BY LOCAL REG. <i>FEB 20 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loam Smith. M.D.</i>						

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 *James O. Hill*

Licensed Embalmer No. 4347

P. O. Address 2906 Sea

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.