

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1626-61-006857 STATE FILE NO. 1003

FILED VS FEB 28 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |  |  |  |   |  |   |   |  |                                     |  |  |
|--|--|---|--|--|--|---|--|---|---|--|-------------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Louis</u>                  |  | Length of stay in 1b<br><u>2 Weeks</u>   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   | c. CITY OR TOWN <u>Pine Lawn</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |                                     |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>  |  |   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    | d. STREET ADDRESS (If outside, give location)<br><u>4230 Jennings Road, 20,</u>  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |                                     |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ARTHUR</u> Middle <u>J.</u> Last <u>ROY</u>  |  |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>15th</u> Year <u>1961</u> |  |  | 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2-7-1906</u>                                | 9. AGE (last birthday)<br><u>55</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Bartender</u>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Restaurant</u>                                       |  | 11. BIRTHPLACE (City and state or country)<br><u>Perryville, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   |  |                                     |  |  |
| 13a. FATHER'S NAME<br><u>Clarence Roy</u>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Reynold</u>   |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Jean Roy</u>   |   |   |  |                                     |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   |  | 17. INFORMANT Address<br><u>Mrs. Jean Roy, 4230 Jennings Road, 20,</u>                       |  |   |  |   |   |  |                                     |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hemorrhage from esophageal Varices</u><br>DUE TO (b) <u>Portal + Hepatic Cirrhosis</u><br>DUE TO (c) <u>581.0</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  |  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks.</u><br><u>2 yrs.</u> |                                     |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |                                     |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> a.m. <u>  </u> 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 <u>Feb 1, 1961</u> to <u>Feb 15</u> and last saw <u>her</u> alive on <u>Feb 15, 1961</u> .<br>Death occurred at <u>3:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |  |   |  |   |   |  |                                     |  |  |
| 22a. SIGNATURE<br><u>John E. Shamer MD</u> (Degree or title)   |  |   |  | 22b. ADDRESS<br><u>Northland Med Bldg</u>  |  |   |  | 22c. DATE SIGNED<br><u>2/16/61</u>  |   |  |                                     |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>2-18-61</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>                                |  | 23d. LOCATION (City, town, county)<br><u>St. Louis, Missouri</u>          |  | 23e. STATE<br><u>Missouri</u>   |   |  |                                     |  |  |
| 24. FUNERAL DIRECTOR<br><u>CALVIN F. FEUTZ</u> ADDRESS<br><u>4828 Natural Bridge Blvd</u><br><u>FUNERAL HOME, St. Louis, 15, Missouri</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 17 1961</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith. M.D.</u>                      |  |   |   |  |                                     |  |  |

**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 John A. Minian

Licensed Embalmer No. 4186

P. O. Address St. Louis MO

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.