ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007237
STATE FILE NUMBER

AMENDED FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 558

1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Length of stay in 1b: 7 years	c. CITY OR TOWN: Kirkwood — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 912 Rochdale Ave. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 912 Rochdale Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: FRANK	Middle: B.	Last: TUTHILL	4. DATE OF DEATH	Month: February Day: 25 Year: 1961
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 12/5/71	9. AGE (last birthday): 89	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 Engineer	10b. KIND OF BUSINESS OR INDUSTRY: N.Y. Telephone Co.	11. BIRTHPLACE (City and state or country): New York	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: Harry Tuthill	13b. MOTHER'S MAIDEN NAME: Margaret Richards	14. NAME OF HUSBAND OR WIFE: Irene Tuthill			
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.: None	17. INFORMANT: Mrs. A. D. Liberty, Address: 912 Rochdale, Kirkwood Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

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

DUE TO (b): Arteriosclerotic Heart Disease — years

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 2-25-61, to same date and last saw ~~him~~ him alive on 2-25-61

Death occurred at 7:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Willes M.D.	22b. ADDRESS: 135 W. Adams, Kirkwood	22c. DATE SIGNED: 2-27-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2/28/61	23c. NAME OF CEMETERY OR CREMATORY: Sparrow Bush Cemetery
23d. LOCATION (City, town, or county) (State): Port Jarvis, N. Y.		
24. FUNERAL DIRECTOR: Louis H. Bopp, Inc. — ADDRESS: Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG.: 2-27-61	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 4512

P. O. Address _____

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.