

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

D MAR 28 1961

61-010728
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2519

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b		c. CITY OR TOWN <u>VANDALIA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>-</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>LEROY</u> Last <u>ELAM</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>14</u> Year <u>1961</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-12-1939</u>		9. AGE (last birthday) <u>21 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>		11. BIRTHPLACE (City and state or country) <u>VANDALIA, ILL</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME : <u>Lester Elam</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Schilling</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Home War</u>			16. SOCIAL SECURITY NO. <u>Unk/Down</u>		17. INFORMANT <u>Lester Elam</u>			Address <u>Vandalia Ill</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>POST-OPERATIVE HEMORRHAGE, MULTIPLE SITES</u>							<u>10 HOURS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>INTER-AURICULAR SEPTAL DEFECT, CONGENITAL</u>									
DUE TO (c) <u>754.3</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. <input type="checkbox"/> Yes <input 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 <u>MAY 28, 1960</u> to <u>MARCH 14, 1961</u> and last saw her/him alive on <u>MARCH 14, 1961</u> Death occurred at <u>11:02 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>[Signature]</u> (Degree or title) M. D.				22b. ADDRESS <u>BARNES HOSPITAL</u>			22c. DATE SIGNED <u>3/15/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MCINTURFF</u>		23d. LOCATION (City, town, or county) <u>BEAR GROVE TOWNS. ILL.</u>				
24. FUNERAL DIRECTOR <u>BERRY and HOHLT</u>			ADDRESS <u>VANDALIA ILL</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 15 1961</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u> 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 Frank Protop

Licensed Embalmer No. 4356

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.