

318

1003

3795

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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>		c. CITY OR TOWN <i>ST. LOUIS</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4307 EICHELBERGER</i>		d. STREET ADDRESS (If outside, give location) <i>4307 EICHELBERGER</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>THOMAS</i> Middle <i>STEIN</i> Last			4. DATE OF DEATH Month <i>APRIL</i> Day <i>18</i> Year <i>1961</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR. 9 1882</i>	9. AGE (last birthday) <i>79</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED WAREHOUSEMAN</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>KENTUCKY</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	

13a. FATHER'S NAME <i>UNKNOWN</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>MARIE H. STEIN</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>			17. INFORMANT Address <i>MARIE H. STEIN 4307 EICHELBERGER</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<i>congestive heart failure</i>		<i>2 weeks</i>	
DUE TO (b)		<i>arteriosclerotic heart disease</i>			
DUE TO (c)		<i>arteriosclerotic h. disease</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<i>420.0</i>			

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		
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19. WAS AUTOPSY PERFORMED? 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.)			
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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"/>			
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
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21. I attended the deceased from <i>October 15-59</i> to <i>April 14-61</i> and last saw her alive on <i>April 14-61</i> Death occurred at <i>6 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <i>Gaspere Sciortino</i> (1118) <i>Gaspere Sciortino M.D.</i>			22b. ADDRESS <i>9279 Bataan</i>		22c. DATE SIGNED <i>4/20/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>APRIL 21 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S.S. Peter & Paul</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>	
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24. FUNERAL DIRECTOR <i>Thomas Kuter 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>APR 20 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith M.D.</i>		
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SALES

9-11 9:00
Dr. Scientist
9279 Bataan
HA-7-7545
call at 9:00 A.M.

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

Corley Thompson

Licensed Embalmer No. 4861

P.O. Address Clayton 5, 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.