SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016001
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1109

FILED MAY 8 1961

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 42 Arundel Pl.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 42 Arundel Pl.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle LEE Last PIATT
4. DATE OF DEATH: Month April Day 20, Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov. 30, 1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months 4 Days 20 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Supt. Vehicle Service
10b. KIND OF BUSINESS OR INDUSTRY: (Wells Fargo) American Express
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Michael Piatt
13b. MOTHER'S MAIDEN NAME: — Guilfoyle
14. NAME OF HUSBAND OR WIFE: Augusta W. Piatt
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.: —
17. INFORMANT: Mrs. Harry S. Bischoff, 42 Arundel Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Arteriosclerosis Syn — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocarditis — 6 Mo.
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 1956 to April 20, 1961 and last saw him alive on April 19 1961
Death occurred at a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles C. Dueck (Degree or title) M. D.
22b. ADDRESS: 19 E. Lockwood
22c. DATE SIGNED: 4/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
23b. DATE: April 22, 1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ambruster Mortuary, 6633 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 4-21-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4788

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.