

AMENDED

FILED JUN 2 1961

318

Primary Registration District No. 1003

Registrar's No.

4700

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. -If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>St. Louis MO</u>				Length of stay in lb		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W. A. Wood</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>136 S. 4<sup>th</sup></u>		If outside, give location Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Moss</u> Last <u>Moss</u>				4. DATE OF DEATH Month <u>3</u> Day <u>30</u> Year <u>61</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (Last birthday) <u>29</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen certified) <u>carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>W. A. Wood</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)			16. SOCIAL SECURITY NO. <u>W. A. Wood</u>		17. INFORMATION <u>to be kept 1300 Clark</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Intra-Cranial Hemorrhage</u> DUE TO (b) <u>Apparently suffered when he</u> DUE TO (c) <u>fell down stairs at 136 S. 4<sup>th</sup> St</u>								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>on or about 3-30-61</u>								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 checked="" 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.) <u>Fell Down Stairs</u>							
20c. TIME OF INJURY Hour a.m. p.m. <u>3.30 a.m.</u>	Month, Day, Year <u>3 30 61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at 136 S. 4<sup>th</sup> St</u>			20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	COUNTY <u>MO</u>	STATE <u>MO</u>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title) <u>Coroner</u>					22b. ADDRESS <u>1300 Clark W.</u>		22c. DATE SIGNED <u>5-1-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>ANATOMICAL BOARD</u>		23b. DATE <u>MAY 31 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State)		
25. DATE RECD. BY LOCAL REG. <u>MAY 18 1961</u>					26. REGISTRAR'S SIGNATURE <u>Leon Smith, M.D.</u>				

ROBERT A. DIRECTOR ADDRESS  
 Rowland Aker Mortuary Service 4104 Manchester Ave  
 MAY 18 1961

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

**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. \_\_\_\_\_

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.