SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022275
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6312

FILED JUL 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis.
Length of stay in 1b: 4 hr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: FIRMIN Desloge Hos.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3233 Morganford, 16
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Robert Middle: Eugene Last: Autry
4. DATE OF DEATH: Month: July Day: 4 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Caue
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 4 1960
9. AGE (last birthday) IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours 4 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ~~Autry~~ Robert Autry
13b. MOTHER'S MAIDEN NAME: Virginia Winschel
14. NAME OF HUSBAND OR WIFE:
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: Address:

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): Cardio Respiratory failure. — INTERVAL BETWEEN ONSET AND DEATH: 3 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c): 773.5
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.) Premature infant.
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 July 4 1961, to July 4 1961 and last saw him alive on July 4, 1961
Death occurred at 8:12 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard Edwin Cannon (Degree or title) M.D.
22b. ADDRESS: FIRMIN Desloge Hosp.
22c. DATE SIGNED: July 4, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 7-7-1961
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: Gebken-Benz Mortuary ADDRESS: 2842 Meramec St.
25. DATE RECD. BY LOCAL REG.: JUL 7 1961
26. REGISTRAR'S SIGNATURE: Karl Smith, 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. No Embalming

Student_____ Signed Joe A Bruz

Signature of Student Embalmer

Licensed Embalmer No. 4249

P. O. Address St Louis

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.