

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023153
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6077

FILED JUL 7 1961

| | | | | | | | |
|--|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Missouri</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>St Louis Mo.</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>Firmin Desloge</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1449 A Monroe</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Severs</u> Last <u>Severs</u> | | | | 4. DATE OF DEATH Month <u>6</u> Day <u>28</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>9-19-93</u> | 9. AGE (last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ice truck</u> | 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>James Severs</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Fanny Dale</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Severs</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mary Severs 1449a Monroe</u> Address | | |
| 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>Laennec's cirrhosis with hepatic coma</u> <u>Laennec's Cirrhosis & hepatic coma</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | DUE TO (c) <u>581.1</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>pneumonia</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 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 <u> </u> a.m. <u> </u> 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>June 5 1961</u> to <u>June 28, 1961</u> and last saw <u>him</u> alive on <u>June 28 1961</u> Death occurred at <u>11:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Wm. J. Tierney (Degree or title) M.D.</u> <u>William J. Tierney M.D.</u> | | | | 22b. ADDRESS <u>1325 S. Grand</u> <u>1325 S. Grand</u> | | 22c. DATE SIGNED <u>6-28-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>(July 1, 1961)</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri</u> | | (State) |
| 24. FUNERAL DIRECTOR <u>Beiderwieden F. H. 1936 St. Louis Ave.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>JUN 30 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Roan Smith M.D.</u> | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 *David Lee*

Licensed Embalmer No. 4520
P. O. Address *Al Davis*

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.