

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023568
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1780

AMENDED

FILED JUL 12 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 38 DAYS	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5219 EMILY AVENUE Street		
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES PRINCE			4. DATE OF DEATH Month Day Year 6 26 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-28-1899	9. AGE (last birthday) 61 Yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SET-UP MAN		10b. KIND OF BUSINESS OR INDUSTRY EMERSON ELEC. CORP.		11. BIRTHPLACE (City and state or country) COLUMBIA, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY PRINCE		13b. MOTHER'S MAIDEN NAME BETTY HUNT		14. NAME OF HUSBAND OR WIFE MILDRED A. PRINCE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO.	17. INFORMANT MRS. MILDRED A. PRINCE 5219 EMILY AVE. ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR PULMONALE					INTERVAL BETWEEN ONSET AND DEATH Undetermined	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY EMPHYSEMA					Undetermined	
DUE TO (c) 527.1						
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		
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 Month, Day, Year p.m.						
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. attended the deceased from VA 5-19-61 to 6-26-61 and last saw him alive on 6-26-61 Death occurred at 3:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Fred Lonata M.D.			22b. ADDRESS VAH. JEFF BRKS, 25, MO		22c. DATE SIGNED 6-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-28-61	23c. NAME OF CEMETERY OR CREMATORY NAT'L. JEFF. BRKS., MO.	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.			
24. FUNERAL DIRECTOR ADDRESS EDWARD KOCH & SON FUNERAL HOME 3216 North 14th St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 6-26-61	26. REGISTRAR'S SIGNATURE John C. Manly 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.

Student _____
Signature of Student Embalmer

Signed Gustav W. Dieterle

Licensed Embalmer No. 4329
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.