

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-023569

STATE FILE NUMBER

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1646

FILED JUN 2 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |   |  |  |   |
|---|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Normandy</b>  |  | Length of stay in 1b<br><b>20 yrs.</b>  |  | c. CITY OR TOWN <b>Normandy</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>6914 Natural Bridge</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>6914 Natural Bridge</b>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>THOMAS L. PROCTOR</b>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>6/11/61</b>  |  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>8-10-1881</b>  | 9. AGE (last birthday)<br><b>79</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bartender</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Tavern</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Dublin, Ireland</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>Proctor</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>unk</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>ANNIE</b>  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  |   | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br>Address<br><b>J. GLENNON MCKENNA 5944 SEANLAN</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>chr. arteriosclerotic Heart Disease</b>  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mo.</b>                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   | DUE TO (b) <b>=</b>  |   | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m.   | Month, Day, Year                       |   |  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>1 May 61</b> to <b>ground dead at home</b> and last saw him alive on <b>1 May 61</b><br>Death occurred at <b>Home 11 June 61</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |
| 22a. SIGNATURE (Delegated or title)<br><b>Frank Cleary M.D.</b>   |  |   | 22b. ADDRESS<br><b>1935 Park</b>   |   |  | 22c. DATE SIGNED<br><b>17 June 61</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>6/14/61</b>            | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>  |  | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b>  |  |  |   |
| 24. FUNERAL DIRECTOR<br><b>E.J. Schnur 3125 Lafayette</b>   |  |   | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><b>6-13-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>J. C. Murphy M.D.</b>  |  |   |

**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 Joseph Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.