

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023615

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1696

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Clayton** Length of stay in 1b

c. CITY OR TOWN **Hanley Hills** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA St. Louis County** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **2024 Raven Drive** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Hospital** Middle **Wade** Last **Vermillion** 4. DATE OF DEATH Month **6** Day **16** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11/26/15** 9. AGE (last birthday) **45**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Expediter** 10b. KIND OF BUSINESS OR INDUSTRY **Hoeffkin Const.** 11. BIRTHPLACE (City and state or country) **Liege, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Claude Vermillion** 13b. MOTHER'S MAIDEN NAME **Icy Hardesty** 14. NAME OF HUSBAND OR WIFE **Katherine Vermillion**

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 Address **Katherine Vermillion, 2024 Raven**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute Coronary Insufficiency**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Advanced Coronary Sclerosis &**
DUE TO (c) **Myocardial Ischemic Disease**
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.)

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 _____, to _____ and last saw her him alive on _____.
Death occurred at **6:55A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Do not print) **John C. Murphy MD** 22b. ADDRESS **801 S. Brentwood Clayton, Mo.** 22c. DATE SIGNED **6-26-61**

23a. BURIAL CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6/19/61** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Lebanon Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR ADDRESS **Drehmann-Harral, 1905 Union Blvd.** 25. DATE RECD. BY LOCAL REG. **6-19-61** 26. REGISTRAR'S SIGNATURE **John C. Murphy MD**

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 *Robert R. Thompson*

Licensed Embalmer No. 4237
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.