MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027006
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7053

FILED AUG 8 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 mo. 1 wk.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Chronic Hosp.
Inside Limits: Yes X 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 X No ☐
d. STREET ADDRESS (If outside, give location): 1437 Castle Lane
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Elizabeth; Middle: ; Last: Kirk
4. DATE OF DEATH: Month 7 Day 28 Year 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 3-20-80
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months ; Days ; IF UNDER 24 HR: Hours ; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unk. Flood
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Henry
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.: unknown
17. INFORMANT: Eugene Martin
Address: 3324 S. 18th St.

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): Cerebral Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 334X
INTERVAL BETWEEN ONSET AND DEATH
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 4-21-61, to 7-28-61 and last saw her/him alive on 7-28-61
Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): George M. Tanaka, M.D.
22b. ADDRESS: 5600 Arsenal
22c. DATE SIGNED: 7/29/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/31/61
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE
ADDRESS: 3634 Gravois
25. DATE RECD. BY LOCAL REG.: JUL 31 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

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 Thomas M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis 23, 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.