

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-027082

318

1003

6945

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6945

FILED AUG 3 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>St. Louis Mo.</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>501 1/2 Franklin</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>501 1/2 Franklin</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Walter</u> Last <u>Walter</u>			4. DATE OF DEATH Month <u>7</u> Day <u>2</u> Year <u>61</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>53</u>		9. AGE (under 1 year) Months <u>53</u> Days <u>33</u>		IF UNDER 1 YEAR Months <u>53</u> Days <u>33</u>		IF UNDER 24 HR Hours <u>33</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>											
13a. FATHER'S NAME <u>Wick</u>				13b. MOTHER'S MAIDEN NAME <u>Wick</u>				14. NAME OF HUSBAND OR WIFE <u>Wick</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> , or unknown) (If yes, give year or date of service)				16. SOCIAL SECURITY NO. <u>Wick</u>				17. INFORMANT <u>Helen Taylor</u> Address <u>1300 Clark</u>			
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>Pulmonary Tuberculosis</u> DUE TO (b) <u>Right Side</u> DUE TO (c) <u>Cirrhosis of the liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>581.0</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. / 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> </u> to <u> </u> and last saw her/him alive on <u> </u> . Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <u>Helen L. Taylor</u> (Degree or title) <u>Coroner</u>						22b. ADDRESS <u>1300 Clark Ave</u>				22c. DATE SIGNED <u>7/13/61</u>													
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-31-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>				23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>															
24. FUNERAL DIRECTOR <u>Rowland Mortuary Svc</u> ADDRESS <u>104-06 Manchester</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 27 1961</u>				26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>															

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.