

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027327

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6947** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis Mo.** Length of stay in lb _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Do. 6th St** Inside Limits Yes 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 No
 d. STREET ADDRESS (If outside, give location) **25 So. 6th St** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Wesley** Middle **Jelder** Last **Delder** 4. DATE OF DEATH Month **10** Day **30** Year **61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Widowed Never Married Divorced 8. DATE OF BIRTH _____ 9. AGE (last birthday) **74** 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) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state of country) **Wyoming, Wyo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **WLB** 13b. MOTHER'S MAIDEN NAME **WLB** 14. NAME OF HUSBAND OR WIFE **Helen J. Delder**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of dates of service) **unk** 16. SOCIAL SECURITY NO. **unk** 17. INFORMANT **Helen J. Delder** Address **1300 York**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) _____
 DUE TO (b) **Coronary Occlusion**
 DUE TO (c) **Coronary Sclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.1**

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 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave** 22c. DATE SIGNED **7/13/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE **7-31-61** 23c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Rowland Mortuary Svc.** ADDRESS **4104-06 Manchester** 25. DATE RECD. BY LOCAL REG. **JUL 27 1961** 26. REGISTRAR'S SIGNATURE **Robert Smith, M.D.**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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.