

AMENDED

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **7437** STATE FILE NUMBER

FILED AUG 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 19 days	c. CITY OR TOWN Scheller
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. # 1
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomas Middle Martel Last Shurtz			4. DATE OF DEATH Month 8 Day 9 Year 61		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-16-61	9. AGE (last birthday) 26	IF UNDER 1 YEAR IF UNDER 24 HR Months 26 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state and country) Benton, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wayne Martel Shurtz		13b. MOTHER'S MAIDEN NAME Mary Foley		14. NAME OF HUSBAND OR WIFE Single	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Stress Louis, Mo. Ann Pryor 500S. Kingshighway
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Cyanotic Congenital Heart Disease		
DUE TO (c) Potent Ductus Arteriosus Coarctation of Aorta		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the immediate cause, state the disease condition given in PART I (a)) Widowed		PART III. Deceased was female 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 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.) 7541
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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 St. Louis, Mo.	COUNTY	STATE
21. I attended the deceased from 7-22-61 to 8-9-61 and last saw him alive on 8-9-61		Death occurred at 11:10pm on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Walter G. Gardner M.D.</i>	(Degree or title)	22b. ADDRESS St. Louis, Mo. 500 S. Kingshighway	22c. DATE SIGNED 8/10/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-10-61	23c. NAME OF CEMETERY OR CREMATORY Sesser	23d. LOCATION (City, town, or county) Ill. Mo.
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24. FUNERAL DIRECTOR BRAYFIELD	ADDRESS Illinois	25. DATE RECD. BY LOCAL REG. AUG 10 1961	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Frank Proloff

Licensed Embalmer No. 4356

P. O. Address St Louis 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.