

318

1003

777E

-61-031188

AMENDED

Registration District No. FILED SEP 6 1961 Primary Registration District No. 1003 Registrar's No. 777E STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3526 Indiana</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>F. VAN REES</u> Last			4. DATE OF DEATH Month <u>8</u> Day <u>18</u> Year <u>61</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/1/91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>70</u>
11. BIRTHPLACE (City and state or country) <u>Belgium</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph VanRees</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth VanRees</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Elmer VanRees, 7719 Benmore, Affton, Mo.</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 Edema caused by</u> <u>TV neck suffered in fall from</u> <u>chair (chair) at 759 Lemay Ferry Rd</u> DUE TO (b) <u>on July 23, 1961, accident</u> DUE TO (c) <u>on July 23, 1961, accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>902.0-21</u> <u>Fell from chair (down)</u>
20c. TIME OF INJURY Hour <u>7-23-61</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>759 Lemay Ferry Rd</u>
20f. CITY, TOWN, OR LOCATION <u>St. Louis County</u>		COUNTY <u>Mo</u> STATE	
21. I attended the deceased from <u>3:12 P.</u> and last saw her/him alive on <u>31</u> No. <u>31</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul J. Simon</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>8/21/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/22/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>
23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>AUG 21 1961</u>	
24. FUNERAL DIRECTOR <u>John L. Ziegenhein &amp; Sons, 7027 Gravois</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>	

**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 E. P. Kudwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graven

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.