

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

8799

-61-034471
STATE FILE NUMBER

AMENDED

Registration District No. **318**
FILED SEP 27 1961

Primary Registration District No. _____

Registrar's No. _____

STATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

18 Part II Pulmonary tuberculosis

BY AFFIDAVIT OF Attend. Physician

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN City		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 701 East Clarence		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle William Last House			4. DATE OF DEATH Month September Day 20 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/6/1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 4 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Emp.		10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific RR	11. BIRTHPLACE (City and state or country) De Soto, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jasper N. House		13b. MOTHER'S MAIDEN NAME Emma J. Zettiger		14. NAME OF HUSBAND OR WIFE Ollie M. House, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Norman House Address 7822 Colleen, St. Louis 23		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) arterio-sclerotic heart disease 10 yrs DUE TO (c) Auricular Fibrillation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis 420.0A					INTERVAL BETWEEN ONSET AND DEATH 1 week
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) no accident.		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 April 1953 to Sept 20 1961 last saw him alive on Sept 20 1961 Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Crush McLidum M.D.			22b. ADDRESS 906 Olive, St. Louis Mo		22c. DATE SIGNED 9-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/23/61	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		23d. LOCATION (City, town, or county) St. Louis Missouri
24. FUNERAL DIRECTOR Hoffmeister Colonial		ADDRESS 6464 Chippewa St. Louis 9, Mo.	25. DATE RECD. BY LOCAL REG. SEP 22 1961	26. REGISTRAR'S SIGNATURE Neal Smith M.D.	

MEDICAL CERTIFICATION

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 Bill C. Brannon

Licensed Embalmer No. 4764

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.