

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-034821

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 1003 9027 STATE FILE NUMBER

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**FILED OCT 13 1961**

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only)  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE  
b. COUNTY  
c. CITY OR TOWN  
d. STREET ADDRESS

3. NAME OF DECEASED (Type or print) First Middle Last  
4. DATE OF DEATH Month Day Year

5. SEX  
6. COLOR OR RACE  
7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH  
9. AGE (last birthday)  
IF UNDER 1 YEAR  
IF UNDER 24 HR

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)  
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME  
13b. MOTHER'S MAIDEN NAME  
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO.  
17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a)  
DUE TO (b)  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal event in PART I)  
PART III. If deceased was female was there a pregnancy in last 90 days.

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 Month, Day, Year a.m. p.m.  
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 9/21/61 to 9/29/61 and last saw her live on 9/28/61  
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jos. L. Lucido (Degree or title) M.D.  
22b. ADDRESS  
22c. DATE SIGNED

23a. BURIAL CREMATION, REMOVAL (Specify)  
23b. DATE  
23c. NAME OF CEMETERY OR CREMATORY  
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS  
25. REC'D. BY LOCAL REG.  
26. REGISTRAR'S SIGNATURE

**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. 7541

P. O. Address E. 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.