

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035237
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2838

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | St. Louis | a. STATE | Mo. |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | Webster Groves | b. COUNTY | St. Louis |
| Length of stay in 1b | At home | c. CITY OR TOWN | Webster Groves |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | 336 Hillside | d. STREET ADDRESS (If outside, give location) | 336 Hillside |
| Inside Limits | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Reside on Farm | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | |
|--|-----------------------------------|--|--|-----------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First | Middle | Last | Month | Day |
| WALTER C. DEATHERAGE | | | Oct. 6, 1961 | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) |
| M | W | | 3-12-07 | 54 |
| 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 | |
| Custodian | Schools | St. Louis, Mo. | USA | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE |
| Augustus B Deatherage | | Lena B. Boudinet | | Helen Deatherage |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 17. INFORMANT Address | |
| Yes W. W. II | | | Kenneth J Bayer, 11134 Conway Rd. | |

| | | |
|---|--------------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Gunshot wound of head | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| | | Self inflicted gunshot wound of head |
| 20c. TIME OF INJURY | Month, Day, Year | |
| 9:40 a.m. | 10/6/61 | |
| 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 bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| | basement of home | Webster Groves St. Louis Missouri |

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|---------------------|---|
| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
| <i>Raymond L. Law</i> Coroner | Clayton, Mo. | 10/11/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY |
| Burial | 10-9-61 | Vahalla Cemetery |
| | | 23d. LOCATION (City, town, or county) (State) |
| | | St. Louis Co., Mo. |

| | | |
|---------------------------------------|------------------------------|----------------------------|
| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| Parker-Aldrich, Webster Groves | 10-9-61 | <i>John C. Murphy M.D.</i> |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

