

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9498 STATE FILE NUMBER

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b	c. CITY OR TOWN
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9858 Vasel Drive</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RUSSELL</u> Middle <u>V.</u> Last <u>McARTY</u>	4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>13</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/25/1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during last working life, or retired) <u>Ret. Civil Service Office</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Engineers</u>	11. BIRTHPLACE (City and state or country) <u>New Decatur, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William McAarty</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Creighton</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Whitson McAarty</u>
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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. <u>None</u>	17. INFORMANT <u>Mrs. Russell V. McAarty</u> Address <u>9859 Vasel Drive</u>
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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) <u>GASTROINTESTINAL HEMORRHAGE, ETIOLOGY UNDETERMINED</u>	INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL DAYS</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>578x</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>THROMBOSIS OF RENAL ARTERY GRAFTS</u>	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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 _____
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21. I attended the deceased from <u>JUNE 4, 1961</u> to <u>OCTOBER 13, 1961</u> and last saw her alive on <u>OCTOBER 13, 1961</u> Death occurred at: <u>1:05 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>F. R. BRADLEY, M.D.</u>	22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>10/13/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal by Motor</u>	23b. DATE <u>10/16/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elinwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>
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24. FUNERAL DIRECTOR <u>Hoffmeister Colonial</u>	ADDRESS <u>6464 Chippewa St. St. Louis (9)</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 14 1961</u>	26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>
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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. Prans

Licensed Embalmer No. 4264

P. O. Address St. Louis

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.