

# COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

10938

-61-042545

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

STATE FILE NUMBER

FILED DEC 1 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in 1b _____  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5608 Milentz Ave.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  d. STREET ADDRESS (If outside, give location) <b>5608 Milentz Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<b>3. NAME OF DECEASED</b> (Type or print) First <b>SAMUEL</b> Middle <b>C.</b> Last <b>INKLEY</b>	<b>4. DATE OF DEATH</b> Month <b>Nov.</b> Day <b>22</b> Year <b>1961</b>
-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>1-17-1899</b>	<b>9. AGE (last birthday)</b> <b>62</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
------------------------------	-----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	--------------------------------------------	---------------------------------------------------	-------------------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Asst. Traffic Mgr. - (Retired) Frisco R.R.Co.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>East St. Louis, Ill.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>U.S.A.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------

<b>13a. FATHER'S NAME</b> <b>Carter Inkley</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Quinn</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Marie K. Inkley</b>
---------------------------------------------------	-------------------------------------------------------	--------------------------------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT</b> Address <b>Dr. John J. Inkley 6344 Devonshire Ave.</b>
---------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-----------------------------------------------------------------------------------

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>420.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>  <b>3 yrs</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

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
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>
---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
-------------------------------------------------------------------------------------------------	-------------------------------------	---------------	--------------

21. I attended the deceased from Nov 1960, to Nov 1961 and last saw <sup>him</sup> alive on 11-22-61  
 Death occurred at 5<sup>00</sup> Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) _____	<b>22b. ADDRESS</b> <b>5203 Clayton St. Mo.</b>	<b>22c. DATE SIGNED</b> <b>11-22-61</b>
--------------------------------------------------	----------------------------------------------------	--------------------------------------------

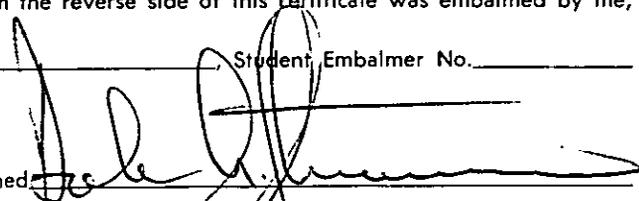
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>Nov. 25, 1961</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
--------------------------------------------------------------------	------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------------------------------

<b>24. FUNERAL DIRECTOR</b> <b>Kriegshauser 4228 S. Kingshighway Blvd.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>NOV 24 1961</b>	<b>26. REGISTRAR'S SIGNATURE</b> 
-------------------------------------------------------------------------------	-----------------------------------------------------------	--------------------------------------

**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  \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

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.