

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-042668
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11346**
FILED DEC 12 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2 mo. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. | | b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in lb 5 days | | 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 Chronic Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3933 Delmar | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|---------------------------------|---|---|-------------------------------------|---|--|
| 3. NAME OF DECEASED (Type or print) First NAOMI Middle McDOWELL Last McDOWELL | | | 4. DATE OF DEATH Month 12 Day 4 Year 61 | | | |
| 5. SEX Female | 6. COLOR OR RACE Col. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-11-1897 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months 8 Days 20 | IF UNDER 24 HR Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state of country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Rubin Herbert | | | 13b. MOTHER'S MAIDEN NAME Nancy Lacky | | | 14. NAME OF HUSBAND OR WIFE | |

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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) No | | 17. INFORMANT Theron Avery 2121 Division St. Apt. 502 | |
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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) MYOCARDIAL INFARCT | | | INTERVAL BETWEEN ONSET AND DEATH 48 Hours |
| DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE | | | |
| DUE TO (c) 420.0 | | | |

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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) DECUBITUS, INFECTED. ANEMIA | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
| 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 | |

21. I attended the deceased from **10-31-61** to **12-4-61** and last saw her/him alive on **12-4-61**.
Death occurred at **1:35 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE John J. Keenan M.D. (Degree or title) | | 22b. ADDRESS 5800 Arsenal Ave | | 22c. DATE SIGNED 12-4-61 | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 12-8-1961 | | 23c. NAME OF CEMETERY OR CREMATORY Greenwood | | 23d. LOCATION (City, town, or county) (State) St. Louis Co Mo. | |
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| 24. FUNERAL DIRECTOR JAS. H. RANDLE & SON ADDRESS 3133 Bell Ave. | | 25. DATE RECD. BY LOCAL REG. DEC 5 1961 | | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |
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SHOULD READ

BY AFFIDAVIT OF

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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Wash

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.