SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-043244
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 316

FILED NOV 21 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy
Length of stay in 1b 1DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN Berkeley
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 10124 Natural Bridge
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Jerry Middle Gottlieb Last Tuma
4. DATE OF DEATH Month November Day 14 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ CHILD
8. DATE OF BIRTH 11-13-1961
9. AGE (last birthday) NB
IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and state or country) Normandy, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jerry Allan Tuma
13b. MOTHER'S MAIDEN NAME Barbara Lee Schutz
14. NAME OF HUSBAND OR WIFE None.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Normandy Dist. Hosp. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Immature infant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Unknown obstetrical factors
DUE TO (c) [Birthwt. 879 grams - 6½ months gestation]
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
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 a.m. p.m. Month, Day, Year
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 11-13-61, to 11-14-61 and last saw her/him alive on 11-14-61
Death occurred at 6:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title) DO
22b. ADDRESS 9553 Lackland Rd.
22c. DATE SIGNED 11-14-61

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Nov. 15, 1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) St. Louis County (State) Missouri
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY ADDRESS 5967 W. Florissant Ave
25. DATE RECD. BY LOCAL REG. 11-14-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
ITEM NO. SHOULD READ

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.

Not Embalmed

Student_____ Signed Alfred J Buchholz

Signature of Student Embalmer

Licensed Embalmer No. 4551

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.