

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046150

AMENDED

Filed on **DEC 2 1961** Primary Registration District No. **1003** Registrar's No. **11525** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 1726 Mississippi	

3. NAME OF DECEASED (Type or print) First M. Middle C. Last Caine			4. DATE OF DEATH Month 12 Day 9 Year 61		
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH +9-1923	9. AGE (last birthday) 38	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Jackson, Tenn.	
10c. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Sidney W. Caine		13b. MOTHER'S MAIDEN NAME Mary E. Mitchell	
13c. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Billy J. Caine		17. ADDRESS 1726 Mississippi			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Chronic Endocarditis with**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **infarction of the left middle ventricle**

DUE TO (c) **421.4**

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 Month, Day, Year
a.m. p.m.

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 _____ 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 (Signature or title)
Paul J. Simon Deputy coroner

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
12/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12-12-61

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county) State
St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS
McLaughlin 2301 Lafayette Ave. St. Louis 4 Missouri

25. DATE RECD. BY LOCAL REG.
DEC 11 1961

26. REGISTRAR'S SIGNATURE
Neal Smith, M.D.

BY AFFIDAVIT OF

JAN 4 1962

APR 27 1962

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

A. G. Farris

Licensed Embalmer No. 3384

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.