

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046236

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12144**

STATE FILE NUMBER

FILED JAN 5 1962

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, Mo.		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 2736 Russell, Ave.	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Homer Middle P. Last Downs			4. DATE OF DEATH Month December Day 25 Year 1961		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1915	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-----------------------	----------------------------------	---	---------------------------------------	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Fredericktown, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME John Downs	13b. MOTHER'S MAIDEN NAME Alice Mills	14. NAME OF HUSBAND OR WIFE Nil
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2	16. SOCIAL SECURITY NO.	17. INFORMANT Floyd Downs, Fredericktown, Mo.
---	-------------------------	---

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 Hypertrophic Myocarditis;**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cirrhosis of the liver;**

DUE TO (c) **Pulmonary Edema;**

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 <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.) 422.2
---	---	--

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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Fredericktown, Mo.	COUNTY Madison	STATE Mo.
--	---	--	---	--------------------------	---------------------

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **11:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Simon	(Degree of) Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12/26/61
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-26-61	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) Madison County, Mo.
---	------------------------------	---	---

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. DEC 26 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
---	--	--

STATE AMENDED

INSIDE OF DOCUMENT

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ ITEM NO.

JAN 10 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 Eleonore Remelmas

Licensed Embalmer No. 4283

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.