SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-046389
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11931

FILED JAN 5 1962

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 — Length of stay in 1b 9 mo. 18 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 5800 Arsenal St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ernest Middle Last Hasting

4. DATE OF DEATH Month Day Year 12-19-61

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 7/8/1881

9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ? England

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unk.

13b. MOTHER'S MAIDEN NAME unk.

14. NAME OF HUSBAND OR WIFE not known

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 George Iserman — Address 7133 Gravois

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	10 days
DUE TO (b)	Coronary thrombosis	10 days
DUE TO (c)	Coronary atherosclerosis	10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of Prostate 420.1H

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 3-3-61, to 12-19-61 and last saw her/him alive on 12-19-61
Death occurred at 2:10 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth C Price MD

22b. ADDRESS 5600 Arsenal

22c. DATE SIGNED 12/19/61

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

23b. DATE 12/22/1961

23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery

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

24. FUNERAL DIRECTOR John L Ziegenhein & Sons — ADDRESS 7027 Gravois

25. DATE RECD. BY LOCAL REG. DEC 21 1961

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

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_____ Signed Donald Bing

Signature of Student Embalmer

Licensed Embalmer No. 4863

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.