

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046576

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

918

1003

Registrar's No. 12196

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

AMENDED

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Randolph	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 4 days	c. CITY OR TOWN Chester Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTE St. Louis Children's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. # 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Leslie Gerald Loucks	4. DATE OF DEATH Month Day Year 12 26 61
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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 10-17-59	9. AGE (last birthday) 2yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Red Bud, Illinois	12. CITIZEN OF WHAT COUNTRY U.S. A.
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13a. FATHER'S NAME Lester W. Loucks	13b. MOTHER'S MAIDEN NAME Bernadine Brockmeyer	14. NAME OF HUSBAND OR WIFE Single
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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	16. SOCIAL SECURITY NO. None	17. INFORMANT St. Louis, Missouri Ann Pryor 500 S. Kingshighway
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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) Cardiac arrest - encephalopathy respiratory failure 40% first & second degree burns Renal Failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) 10% first & second degree burns		
DUE TO (c) Renal Failure		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 12-24-61	PART III. If deceased was female was there a pregnancy in last 90 days. 917.0-17 <input type="checkbox"/> Yes <input 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.) Fell into bucket of hot water
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20c. TIME OF INJURY? Hour a.m. p.m. 12-20	Month, Day, Year 12 20 61
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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.) home	20f. CITY, TOWN, OR LOCATION Chester, Illinois	COUNTY XX	STATE 12-26-61
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21. I attended the deceased from **9:45** a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Matcolm Stulema	(Degree or title)	22b. ADDRESS 500 S. Kingshighway St. Louis, Mo.	22c. DATE SIGNED 12-26-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-27-61	23c. NAME OF CEMETERY OR CREMATORY St. Paul Lutheran Cem.	23d. LOCATION (City, town, or county) (State) Steelville, Illinois.
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24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. DEC 27 1961	26. REGISTRAR'S SIGNATURE Earl Smith Mo
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 _____

Licensed Embalmer No. 4079

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.