

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046591

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11598 STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>	Length of stay in 1b <u>5 wks.</u>	c. CITY OR TOWN <u>St. Louis</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chronc&c Hosp.</u>		d. STREET ADDRESS <u>1107 Aubert Ave.</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Mc Cuiston</u> Last <u>Mc Cuiston</u>			4. DATE OF DEATH Month <u>12</u> Day <u>12</u> Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Sep. Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1897</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL PAPER ?</u>		11. BIRTHPLACE (City and state or country) <u>Miss. U.S.A</u>	
13a. FATHER'S NAME <u>Unk.</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN Mc Cuiston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) <u>?</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT <u>SIMON Mc Cuiston</u> Address <u>Miss.</u>	

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 <u>3 days</u>
IMMEDIATE CAUSE (a) <u>pneumonia, lobar - bilateral</u> <u>PNEUMONIA, LOBAR, BILATERAL</u>			
DUE TO (b) <u>general debility</u> <u>GENERAL DEBILITY</u>			
DUE TO (c) <u>490x</u>			<u>4 MONTHS</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DEBILITY</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour <u>1:30</u> a.m. p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 11-2-61 to 12-12-61 and last saw her/him alive on 12-12-61
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John J. Keenoy</u> (Degree or title) <u>John J. Keenoy</u>	M.D.	22b. ADDRESS <u>5800 Arsenal</u> <u>5800 Arsenal Ave</u>	22c. DATE SIGNED <u>12-12-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-14-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WINONA</u>	23d. LOCATION (City, town, or county) (State) <u>MISS.</u>
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24. FUNERAL DIRECTOR <u>WALTER 2702 Stoddard</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 13 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE RECEIVED

INSTITUTION

SHOULD READ

NEW 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 *H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jay

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.