

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047206
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3486

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pagedale</u>		c. CITY OR TOWN <u>Pagedale</u>	
Length of stay in 1b <u>YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1528 Bradford</u>		d. STREET ADDRESS (If outside, give location) <u>1528 Bradford</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>DAVID A HEADLEY</u>			4. DATE OF DEATH <u>Dec. 8 1961</u>		
First	Middle	Last	Month	Day	Year

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/27/1904</u>	9. AGE (last birthday) <u>57</u>	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) <u>Metal Finisher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fisher Body</u>	11. BIRTHPLACE (City and state or country) <u>Marion County Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Winfred Headley</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian Dulin</u>	14. NAME OF HUSBAND OR WIFE <u>Freda Headley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	17. INFORMANT <u>Hubert Headley 1535 Bradford</u>	Address
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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) <u>Hyper-tensive Cardio Vasculer Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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. <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 _____ 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 March 1952 to Nov. 1961 and last saw him alive on 25 Nov 1961
Death occurred at Dec. 8-1961 ? _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Wagness M.D.</u> (Degree or title)	22b. ADDRESS <u>1805 E. Euclid Ave. University City (30) Mo</u>	22c. DATE SIGNED <u>9 Dec 1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/12/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tillman Cem. Patoka Ill</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>C. R. Lupton and Sons 7233 Delmar Blvd.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-10-61</u>	26. REGISTRAR'S SIGNATURE <u>John E. Murphy M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864
P. O. Address St Louis, Mo

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.