

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047814

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1365

STATE FILE NUMBER

FILED FEB 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. 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>St. Louis MO</u>		c. CITY OR TOWN <u>St. Louis, Missouri</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>700 Sp = 1</u>		d. STREET ADDRESS (If outside, give location) <u>7220 Kyndover</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr. ALEXANDER Mc CLEAN</u>			4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>61</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Tech.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dentist</u>	11. BIRTHPLACE (City and state or country) <u>MO.</u>
13a. FATHER'S NAME <u>WALK</u>		13b. MOTHER'S MAIDEN NAME <u>WALK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>WALK</u>		17. INFORMANT <u>Peter W. Taylor 1300 Clark</u> Address	
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>1. Cerebral Edema; 2. Aemothorax;</u> <u>3. Chronic Myocarditis following injuries</u> DUE TO (b) <u>Suffered in collision between car. Operated</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>deceased - car operated by one Julia Barber</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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Intersection Taylor -outeau</u>	
20c. TIME OF INJURY Hour <u>12:28</u> Month <u>Dec</u> Day <u>28</u> Year <u>1961</u> a.m. p.m.			
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.) <u>12th and street</u>	
20f. CITY, TOWN, OR LOCATION <u>St. Louis</u> COUNTY <u>MO</u> STATE			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul J. Simon</u> (Degree or title) <u>Deputy Coroner</u>		22b. ADDRESS <u>1300 Clark</u>	
22c. DATE SIGNED <u>1/31/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JAN 31 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Royland Aker Mortuary Service</u> <u>4104 Manchester Ave.</u> <u>St. Louis 10 Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 31 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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. _____

P. O. Address _____

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.