

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-18 096 138

SL 16238

578 =62-004561

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

AMENDED

FILED JAN 19 1962

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 1 hr. 40 min.	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 4372 Lindell		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WALTER Middle E. Last SONGER			4. DATE OF DEATH Month January Day 13 Year 1962				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/3/17	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caterer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Earl B. Songer			13b. MOTHER'S MAIDEN NAME Antonette O'Brien		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO.		17. INFORMANT Address Royal K. Bennett, 6341 Nottingham (Zone 9)			
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) HYPERTENSIVE HEART DISEASE						4 YRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIABETES MELLITUS						4 YRS	
DUE TO (c) 260x							
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		
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.) NONE				
20c. TIME OF INJURY Hour a.m. p.m. NONE	Month, Day, Year						
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.) NONE		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. Attended the deceased from 1942 to 1/13/62 and last saw him alive on 1/13/62 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph A. Lumbek MD (Degree or title)			22b. ADDRESS 607 N. Grand Blvd			22c. DATE SIGNED 1-14-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-15-62	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery		23d. LOCATION (City, town, or county) (State) Belleville, Illinois		
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd. ADDRESS			25. DATE RECD. BY LOCAL REG. JAN 14 1962		26. REGISTRAR'S SIGNATURE Loal Smith. M.D.		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

Dr. Jos A. Lembeck
University Club Bldg.

Phone: JE 5-2792

Res. 4103 Flora

PR 1-1961

(In office from 2: until 3:00 P.M.)

1961 FEB 7 11:11

FEB 7 1962

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

J. Allen Davis Jr.

Licensed Embalmer No. 4653

P. O. Address Jan 13-196

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.