

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008421

2600

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2600**

FILED MAR 15 1962

VS 300
Rev. 4/59

1

4244-38

3

4 0

5 0

6

7 0

8 1

9

10

11

12 4 0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSITUATION St. Louis Children's Hospital		d. STREET ADDRESS (If outside, give location) 4434 St. William Court	
3. NAME OF DECEASED (Type or print) First GREGG Middle WILLIAM Last McMULLEN		4. DATE OF DEATH Month 3 Day 6 Year 62	
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 9-17-57
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) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John William McMullen		13b. MOTHER'S MAIDEN NAME Betty Thornhill	
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 Ann Pryor 500 So. Kingshighway		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 DUE TO (b) Congenital Heart Disease DUE TO (c) Open Heart Surgery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 754.5	
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.)		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	
20c. TIME OF INJURY Hour 1:15 PM Month, Day, Year 3-2-62		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 St. Louis 10, Missouri	
21. I attended the deceased from 3-2-62 to 3-6-62 and last saw him alive on 3-6-62 Death occurred at 1:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Robert H. Shaw</i> (Degree or title)	
22b. ADDRESS 500 So. Kingshighway St. Louis 10, Missouri		22c. DATE SIGNED 3-6-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-auto		23b. DATE 3-9-1962	
23c. NAME OF CEMETERY OR CREMATORY Fairview Meth. Cem.		23d. LOCATION (City, town, or county) (State) Grubville, Mo.	
24. DATE RECD. BY LOCAL REG. MAR 7 1962		25. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>	

2504 WOODSON ROAD

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 D. C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.