# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

-62-012872
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2888

DO NOT WRITE ON THIS STUB · AMENDED

VS 300
Rev. 4/59

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| 1 | |
| 2 | 215 |
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 5/7/62

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 St. Louis — Length of stay in 1b: Life.

c. CITY OR TOWN St. Louis — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp. — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 4201 Beethovan — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First TOD Middle Last KIRKPATRICK

4. DATE OF DEATH Month Day Year March 15, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 1/13/62

9. AGE (last birthday) ----

IF UNDER 1 YEAR: Months 2 Days 2 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Roy Kirkpatrick

13b. MOTHER'S MAIDEN NAME Nancy Reams

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Roy Kirkpatrick Address 4201 Beethovan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Suffocation;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Lobar Pneumonia, (No plastic involved)

DUE TO (c) 490x

INTERVAL BETWEEN ONSET AND DEATH

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 3-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3/16/62

23c. NAME OF CEMETERY OR CREMATORY Mount Olive

23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette,

25. DATE RECD. BY LOCAL REG. MAR 15 1962

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

## 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 James R. Chapman

Licensed Embalmer No. 4550

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.