MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-012956
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3561

FILED APR 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. Barnes Hospt. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis ~~Missouri~~ — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 11 Parkland — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Morris — Middle E — Last McMullen
4. DATE OF DEATH: Month 3 — Day 31 — Year 62
5. SEX: M
6. COLOR OR RACE: C
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-21-49
9. AGE (last birthday): 12 — IF UNDER 1 YEAR: Months 6 Days 9 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St Louis Mo.
12. CITIZEN OF WHAT COUNTRY: MO USA
13a. FATHER'S NAME: Wm H. McMullen
13b. MOTHER'S MAIDEN NAME: Cherrie B Kidd
14. NAME OF HUSBAND OR WIFE: —
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.
17. INFORMANT: Cherrie McMullen — Address 11 Parkland

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)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pneumonia - Bilateral
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 ☑ 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 420 P. to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M Zuman Deputy Coro
22b. ADDRESS: 1200 Clark
22c. DATE SIGNED: 4-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-6-62
23c. NAME OF CEMETERY OR CREMATORY: Washington PK
23d. LOCATION (City, town, or county): St. Louis City — (State) MO

24. FUNERAL DIRECTOR: Walton — ADDRESS: 2707 Stoddard
25. DATE RECD. BY LOCAL REG.: APR 4 1962
26. REGISTRAR'S SIGNATURE: Carl 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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.