MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013136

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 3243

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 6 1962

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1		
2	223	
3		
4	0	
5	0	
6		
7	0	
8	2	
9		
10		
11		
12	75-0	
13		

75

USE BLACK INK OR TYPEWRITER RIBBON

DULING

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hosp. #1. Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY
c. CITY OR TOWN: St. Louis Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1808 Lafayette Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Baby Boy Middle: (Paul Leon Last: Rush
4. DATE OF DEATH: Month: March Day: 24, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/12/62
9. AGE (last birthday): ----- IF UNDER 1 YEAR: Months 1 Days 13 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (Infant)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Paul Rush
13b. MOTHER'S MAIDEN NAME: Mildred Walker
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: Paul Rush, 1808 Lafayette, St. Louis Address

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): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Infected Meningocele
DUE TO (c): Debilitation
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): 7511

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 2/12/62, to 3/24/62 and last saw her/him alive on 3/24/62
Death occurred at 8:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jerrold Duling MD (Degree or title)
22b. ADDRESS: 1515 Lafayette Ave
22c. DATE SIGNED: 3/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/27/62
23c. NAME OF CEMETERY OR CREMATORY: St. Trinity- xx
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: McLaughlin, 2301 Lafayette, St. Louis ADDRESS
25. DATE RECD. BY LOCAL REG.: MAR 27 1962
26. REGISTRAR'S SIGNATURE: Earl 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 NOT embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James P. Chapman

Licensed Embalmer No. 6557

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.