

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017386

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

4366

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED MAY 10 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 St. Louis		Length of stay in 1b 7 weeks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital		Inside Limits - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Paris P White		4. DATE OF DEATH Month Day Year April 26 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1889
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector (retired)		10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R. Ass'n	11. BIRTHPLACE (City and state or country) Fulton, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Eugene White	
13b. MOTHER'S MAIDEN NAME Caly Glover		14. NAME OF HUSBAND OR WIFE Margaret White	
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 Mrs. Margaret White, 2137 E. Warne Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of left hip;</i> <i>Generalized Arterio sclerosis; suffered in</i> <i>fall in home on March 10<sup>th</sup> 1962</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <i>Accident</i> 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			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>See above</i>	
20c. TIME OF INJURY? Hour Month, Day, Year ? a.m. 3-10-62 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo</i>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>11:00 A</i> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>4/27/62</i>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>April 30, 1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis County, Missouri</i>	
24. FUNERAL DIRECTOR <i>Math Hermann &amp; Son, Inc.,</i>		25. DATE RECD. BY LOCAL REG. <i>APR 27 1962</i>	
ADDRESS <i>2161 E. Fair Av</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	
City, State, Zip <i>St. Louis, 7, Missouri</i>			

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

VS 300 Rev. 4/59  
1  
2 *209*  
3  
4 *0*  
5 *1*  
6  
7 *0*  
8 *2*  
9  
10  
11 *0-0-0*  
12 *69-3*  
13

*69*

**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 Julius R Brown

Licensed Embalmer No. 5146

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.