

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020546

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5510**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>E/R to City Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>2213 Lynch</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <b>LeRoy</b> Middle <b>Hurley</b> Last			Month <b>May</b> Day <b>30</b> Year <b>1962</b>
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<b>Male</b>	<b>White</b>		<b>1/6/40</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Electric</b>	11. BIRTHPLACE (City and state or country) <b>E. Prarie, Mo.</b>
13a. FATHER'S NAME <b>Willie Hurley</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Bisher</b>	14. NAME OF HUSBAND OR WIFE <b>Patricia Hurley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes (Unknown)</b>	17. INFORMANT Address <b>Patricia Hurley, 2015 Miami, St. Louis</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Carbon Monoxide poisoning; Second and third degree burns over all the body; suffered in fire in home on May 30, 1962</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <b>fire in home on May 30, 1962</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>accident</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <b>9/6.0-16</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>See above</b>	
20c. TIME OF INJURY Hour <b>?</b> a.m. <b>5-30-62</b> 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.) <b>home 24</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Louis, Mo</b>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the _____ date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Deputy</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>6-1-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/2/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>McLaughlin, 2301 Lafayette, St. Louis, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 1 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Robert Smith, M.D.</b>			

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY APPROVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**91**

**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. 4558  
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.