MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020722

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5433

FILED JUN 7 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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MCDONOUGH BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 8/14/62

INSTEAD OF

SHOULD READ

ITEM NO. 18b

staphlococcus aureus

BY AFFIDAVIT OF attending physician 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST.LOUIS CITY HOSP. #1.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY
c. CITY OR TOWN: ST.LOUIS,MO
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2712 GAMBLE
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: GORDON
Middle:
Last: MAHN

4. DATE OF DEATH: Month APRIL, Day 30, Year 1962

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: UNKNOWN
9. AGE (last birthday): 73
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): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY: ????

13a. FATHER'S NAME: ??
13b. MOTHER'S MAIDEN NAME: UNKNOWN
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): NO
16. SOCIAL SECURITY NO.: ??
17. INFORMANT: ST.LOUIS CITY HOSP. #1.
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): Empyema due to proteus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Staphlococcus Aureus
DUE TO (c): 518X
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 4/2/62, to 4/30/62 and last saw her/him alive on 4/30/62
Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John M. Donough M.D. (Degree or title)
22b. ADDRESS: 1515 LAFAYETTE AVE
22c. DATE SIGNED: 4/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Anatomical Board
23b. DATE: 5-31-62
23c. NAME OF CEMETERY OR CREMATORY: St. Louis, Mo.
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR: Rowland-Baker Mortuary Service
ADDRESS: 4104 Manchester Ave. St. Louis 10, Mo.
25. DATE RECD. BY LOCAL REG.: 5-31-1962
26. REGISTRAR'S SIGNATURE: Hoard 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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.