

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7766-62-029077
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED AUG 13 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59			
1			
2 <u>220</u>			
3			
4 <u>1</u>			
5 <u>0</u>			
6			
7 <u>1</u>			
8 <u>1</u>			
9			
10			
11			
12 <u>76-0</u>			
13			
<u>76</u>	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb <u>5 mo 10 days</u> c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chronic Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4003 N. 23rd St.</u>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle Last <u>Read</u>		4. DATE OF DEATH Month <u>8</u> Day <u>1</u> Year <u>62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-2-76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk</u>	9. AGE (last birthday) <u>86</u>
11. BIRTHPLACE (City and state or country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George READ</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara ?</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>St Vincent de PAUL SOCIETY 4140 Lindell</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY ABSCESSSES</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BROUCHO PNEUMONIA</u>			<u>2 WEEKS</u>
DUE TO (c) <u>491X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GANGRENE, Right Foot. - ARTERIOSCLEROSIS</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>2-20-62</u> to <u>8-1-62</u> and last saw her/him alive on <u>8-1-62</u> Death occurred at <u>4:00 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John J Keeney M.D.</u>		22b. ADDRESS <u>5800 Arsenal Ave</u>	
22c. DATE SIGNED <u>8-3-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/18/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St Louis Mo.</u>			
24. FUNERAL DIRECTOR <u>Cullen Kelly 7267 Natural Bridge</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 8 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ed Smith, M.D.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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

Not Embalmed
Signed *James A. Lammers*

Licensed Embalmer No. 4142
P. O. Address St Louis

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.