

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6797-62-029257
6797 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED JUL 31 1962 SL 28731 C-2161 4045

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, MISSOURI Length of stay in 1b 18 DAYS

c. CITY OR TOWN ST. LOUIS, MO. Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4062 A CASTLEMAN Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

WILLIAM C. USHER 7 9 1962

5. SEX MALE 6. COLOR OR RACE CAUC. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/18/96 9. AGE (last birthday) 65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Cook Station, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME LORENZO USHER 13b. MOTHER'S MAIDEN NAME MARY NANNA 14. NAME OF HUSBAND OR WIFE DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI 16. SOCIAL SECURITY NO. _____ 17. INFORMANT (Daughter) GENEVA USHER, 4062 CASTLEMAN, ST. LOUIS Address _____

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HEMATEMESIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CIRRHOSIS OF THE LIVER

DUE TO (c) 581.0

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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. attended the deceased from 6-21-62 to 7/9/62 and last saw her/him alive on 7/9/62

Death occurred at 2:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Schaeffer, M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 7/9/62

23a. BURIAL (CREMATION; REMOVAL) (Specify) Removal 23b. DATE 7/11/62 23c. NAME OF CEMETERY OR CREMATORY Glendale Cemetery 23d. LOCATION (City, town, or county) Fillmore, Ill.

24. FUNERAL DIRECTOR Allen Funeral Home-Fillmore, Ill. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. JUL 10 1962 26. REGISTRAR'S SIGNATURE Carol Smith, M.D.

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

Signed John J. Kasey III

Licensed Embalmer No. 5039

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.