

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED SEP 24 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 24 days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY _____
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 815 N. First St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
William Minor Sept. 13, 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH (Unknown) 9. AGE (last birthday) App. 92 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yardman 10b. KIND OF BUSINESS OR INDUSTRY gardener 11. BIRTHPLACE (City and state or country) England 12. CITIZEN OF WHAT COUNTRY (Unknown)

13a. FATHER'S NAME William Minor 13b. MOTHER'S MAIDEN NAME Matilda Kirk 14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Address Mr. Garrett O'Connell 6008 Guilford

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis of Heart Arteries INTERVAL BETWEEN ONSET AND DEATH 24 1/2
DUE TO (b) Generalized Arteriosclerosis 5 years
DUE TO (c) 420.0

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 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 August 20, 1962 to Sept. 13, 1962 and last saw ^{her}him alive on Sept. 13, 1962
Death occurred at 4:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. McQuinn M.D. (Degree or title) 22b. ADDRESS 5300 Carver 22c. DATE SIGNED 9-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 9-14-62 23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER, COLONIAL MORTUARY 25. DATE RECD. BY LOCAL REG. SAM SEP 14 1962 26. REGISTRAR'S SIGNATURE Paul 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 _____
Signature of Student Embalmer

Signed *Not embalmed*
Eric C. Hansen

Licensed Embalmer No. 4764

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.