

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040114

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9734**

FILED OCT 19 1962

VS 300	DATE AMENDED	AMENDMENTS OF THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
Rev. 4/59			
1			
2 <i>400-3 U</i>			
3			
4 <i>0</i>			
5 <i>0</i>			
6			
7 <i>0</i>			
8 <i>1</i>			
9			
10			
11			
12 <i>55-0</i>			
13			
<i>55</i>	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hospital For Children		d. STREET ADDRESS (if outside, give location) 1068 Sutter Apt 8	
3. NAME OF DECEASED (Type or print) First Middle Last Randall B. Combs		4. DATE OF DEATH Month Day Year October 10, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-20-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Randall B.		13b. MOTHER'S MAIDEN NAME Susan Mary (Chaney)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Randall B. Combs Address 1068 Sutter Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis DUE TO (b) INFARCTION OF Intestine DUE TO (c) Gastrochisis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 20 days 20 days 20 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 759.3			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. 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 9-20-62 to 10-10-62 and last saw her/him alive on 10-10-62 Death occurred at 9:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) Eugene Lewis Jr MD		22b. ADDRESS 634 N. GRAND	22c. DATE SIGNED 10-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-11-62	23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES	23d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MO
24. FUNERAL DIRECTOR KRIEGSHAUSER ADDRESS 9450		25. DATE RECD. BY LOCAL REG 10-11-1962	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Prescribed - deformity of abdominal wall

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kings Highway

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.