

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040164

9722 REGISTRAR'S NO. 1003 PRIMARY REGISTRATION DISTRICT NO. 318 REGISTRATION DISTRICT NO.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 225
3
4 2
5 0
6
7 0
8 1
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10
11
12 75.0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED OCT 19 1962		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #. I		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1626 CARVER LANE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SPENCER DUFF			4. DATE OF DEATH Month Day Year 9-28-62		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/62	9. AGE (last Birthday) Months Days Hours Min. 15	IF UNDER 1 YEAR IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. LOUIS, MO 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LEONA RD		13b. MOTHER'S MAIDEN NAME THELMA FISHER		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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ST. LOUIS CITY HOSP. # 1. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Disease DUE TO (b) Ventricular Hemorrhage DUE TO (c) Atelactasis of lung. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7545					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 9-13-62 to 9-28-62 and last saw her/him alive on 9-28-62 Death occurred at 12:29 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Watson M.D.</i>		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 9-28-62	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 10-31-1962		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
23d. CITY, TOWN, OR COUNTY St. Louis, Mo.		23e. STATE Mo.		23f. REGISTRAR'S SIGNATURE <i>Coat Smith M.D.</i>	
24. FUNERAL DIRECTOR Rowland Mortuary Svc.		25. DATE RECD. BY LOCAL REG. OCT 11 1962		26. ADDRESS	
ADDRESS 4104-06 Manchester					

KHATTOON 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 _____

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.