

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

-62-040180

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. _____ Registrar's No. 9675

FILED OCT 19 1962

VS 300
Rev. 4/59

1
2 225
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4 0
5 1
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12 52-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb Life		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		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 Barnes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS M.A.C. Broadway & Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First Middle Last Edward J. ENGLISH			4. DATE OF DEATH Month Day Year October 6, 1962			5. SEX Male		6. COLOR OR RACE Caucasian		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-10-94		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. Orion Scott RE				10b. KIND OF BUSINESS OR INDUSTRY Real Estate				11. BIRTHPLACE (City and state or country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY U.S.							
13a. FATHER'S NAME John T. English				13b. MOTHER'S MAIDEN NAME Ann Fleming				14. NAME OF HUSBAND OR WIFE Ruth English											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I				16. SOCIAL SECURITY NO.				17. INFORMANT John English, 5716 Southwest Avenue				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) Cerebral apoplexy Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 334x DUE TO (c)												INTERVAL BETWEEN ONSET AND DEATH 10 days							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
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 Month, Day, Year p.m.		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 1952 to Oct 4 62 and last saw her him alive on Oct 4 1962 Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE Mortimer J. Selzer (Describe or title)						22b. ADDRESS 606 Olive St			22c. DATE SIGNED 10-7-62										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-10-62		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis, Missouri											
24. FUNERAL DIRECTOR Arthur J. Lemelly ADDRESS 3840 Lindell Blvd.				25. DATE RECD. BY LOCAL REG. OCT 9 1962				REGISTRAR'S SIGNATURE Loan Smith, M.D.											

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Dr. Martin Glasser
506 Olive St.

11:00 AM - 3:00 PM MON.

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 Wm S. Salter

Licensed Embalmer No. 3840 4699

P. O. Address 3840 Leibel

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.