

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040493

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

9767

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

FILED OCT 19 1962

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
2 days

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 No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Christian Hospital**

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
8546 Concord Place

Reside on Farm
Yes No

3. NAME OF DECEASED
(Type or print)

First Middle Last
Lester H McPhail

4. DATE OF DEATH
Month Day Year
October 9 1962

5. SEX
male

6. COLOR OR RACE
white

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
9-7-1903

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
59 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist

10b. KIND OF BUSINESS OR INDUSTRY
Ruberoid Company

11. BIRTHPLACE (City and state or country)
Benton, Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Dan McPhail

13b. MOTHER'S MAIDEN NAME

Elizabeth Greenwood

14. NAME OF HUSBAND OR WIFE

Sylvia McPhail

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.

17. INFORMANT Address
Mrs. Sylvia McPhail, 8546 Concord Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Polycythemia

DUE TO (c)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.0

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 **Oct. 8, 1962** to **Oct. 9, 1962** and last saw him alive on **Oct. 9, 1962**
Death occurred at **8:15 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Julius Elson M.D.

22b. ADDRESS

3720 Washington

22c. DATE SIGNED

10/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

Funeral Director
**Wach Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri**

ADDRESS

25. DATE RECD. BY LOCAL REG.

OCT 13 1962

REGISTRAR'S SIGNATURE

Loed 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 Julius R Brown

Licensed Embalmer No. 5146

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.