

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044185

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10734

**FILED NOV 30 1962**

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>HATHAWAY HILLS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1100 DUENKE DR.</u>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>EDMUND</u> Last <u>ETHERIDGE</u>		4. DATE OF DEATH Month <u>11</u> Day <u>7</u> Year <u>62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-7-03</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN CAR</u>	11. BIRTHPLACE (City and state or country) <u>MADISON CO., ILL.</u>
13a. FATHER'S NAME <u>HENRY ETHERIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SAUNDERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>ELSIE ETHERIDGE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage as a result of compound fracture of ribs on the left side, posteriorly; Atelectasis; Shock from Multiple fractures otherwise; suffered when steel tubes fell from overhead crane, while working at American car company on November 7th, 1962.</u>		14. NAME OF HUSBAND OR WIFE <u>ELSIE ETHERIDGE</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ACCIDENT</u>		16. SOCIAL SECURITY NO.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See Above</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour <u>?</u> a.m. <u>11-7-62</u> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Foundry yard 08</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Missouri</u>	
22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Ave.</u>	
22c. DATE SIGNED <u>11-8-62</u>		23. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILL.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>11-8-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILL.</u>	
24. FUNERAL DIRECTOR <u>ED MERCER SONS</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 8 1962</u>	
ADDRESS <u>GRANITE CITY, ILL.</u>		26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>	

**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

*Clinton C. Williams*

Licensed Embalmer No. 5016

P. O. Address GRANITE CITY, ILL

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.