

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10884-62-044703  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED **F**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**FILED NOV 26 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

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>4 wks.</b>	c. CITY OR TOWN <b>Caseyville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>334 Hollywood Hgts. Road</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>THOMAS W. OSBORNE</b>			4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>11</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-9-41</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Radio and T.V.</b>		11. BIRTHPLACE (City and state or country) <b>East St. Louis, Ill</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Harold Osborne</b>		13b. MOTHER'S MAIDEN NAME <b>Bonnijean Qwen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <b>Harold Osborne Caseyville, Ill.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LUPUS ERYTHEMATOSIS, SUSPECTED</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 YEARS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>705.4</b>			
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 _____ 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 <b>MAY 7, 1957</b> to <b>NOV. 11, 1962</b> and last saw her/him alive on <b>NOV. 11, 1962</b> Death occurred at <b>9:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. Vermillion, M.D.</i>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>11/12/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 13, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hiram Burial Park</b>	23d. LOCATION (City, town, or county) <b>Creve Coeur, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Schroepfel Funeral Home Collinsville Illinois</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 13 1962</b>	26. REGISTRAR'S SIGNATURE <i>Boal Smith, M.D.</i>

RECEIVED

**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 Frank Chaloff

Licensed Embalmer No. 1356

P. O. Address Bellevue, 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.