

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11206 - 62-044914  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

**FILED NOV 30 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

MCDONOUGH  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1</u>		d. STREET ADDRESS (If outside, give location) <u>2849 Mc Nair Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>HYMAN</u> Middle Last <u>STEIN</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</u> Year <u>1962</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>12/10/92</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Room Clerk</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Mo Atheletic Cl</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Room Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Atheletic Cl</u>	
11a. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>		11b. CITIZEN OF WHAT COUNTRY <u>U S</u>	
12a. FATHER'S NAME <u>Unknown</u>		12b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		15. SOCIAL SECURITY NO.	
16. INFORMANT <u>Bertha Stein</u>		17. ADDRESS <u>2849 McNair Ave</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>Carcinoma of Rt Lung c metastases.</u> DUE TO (b) _____ DUE TO (c) <u>163X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		20g. COUNTY STATE	
21. I attended the deceased from <u>10-26-62</u> to <u>11-20-62</u> and last saw her/him alive on <u>11-20-62</u> . Death occurred at <u>2:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Mc Donough M.D.</u>		22b. ADDRESS <u>1515 Lafayette Ave.</u>	
22c. DATE SIGNED <u>11-20-62</u>			
23a. BURIAL, CREMATION, RE-OVAL (Specify) <u>Burial</u>		23b. DATE <u>11/23/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St Matthews Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>	
24. FUNERAL DIRECTOR <u>Moynell Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 21 1962</u>	
24. FUNERAL DIRECTOR <u>Moynell Funeral Home 1926 Allen</u>		26. REGISTRAR'S SIGNATURE <u>Head 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 Hadley F. Jaellier

Licensed Embalmer No. 4950

P. O. Address St. Louis

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.