

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

10681-62-045072
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in lb 4 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY		c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3452 PARK				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First William Middle HARRY Last White						4. DATE OF DEATH Month November Day 6 Year 1962							
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-17-1917		9. AGE (last birthday) 45		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) MACHINIST				10b. KIND OF BUSINESS OR INDUSTRY MACHINE SHOP		11. BIRTHPLACE (City and state or country) FREDRICKTOWN MO		12. CITIZEN OF WHAT COUNTRY U. S. A					
13a. FATHER'S NAME WILLIAM HENRY WHITE				13b. MOTHER'S MAIDEN NAME BERTHA ANN JACKSON				14. NAME OF HUSBAND OR WIFE ALICE WHITE					
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 ALICE WHITE 3452 PARK AVE							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LENNER'S CIRRHOSIS DUE TO (c) 5811 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HEMOPERITONEUM 2° TO NGGOL FISTULA OF PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 11/2/62 to 11/6/62 and last saw ^{her} him alive on 11/2/62 . Death occurred at 4:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. E. Doney M.D.						22b. ADDRESS 1515 Lafayette Ave.			22c. DATE SIGNED 11/6/62				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11-9-62		23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY FREDRICKTOWN MO				23d. LOCATION (City, town, or county) MO					
24. FUNERAL DIRECTOR HOWARD H. MICHEL 5930 SOUTHWEST						25. DATE RECD. BY LOCAL REG. NOV 7 1962		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

BRITTINGHAM
USE BLACK INK
OR
TYPEWRITER RIBBON

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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 V E Morris

Licensed Embalmer No. 3369
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.