

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045147

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3339

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

4002

24008

3

4 0

5 0

6

7 0

8 1

9

10

11

12 45-0

13

45

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Jennings, St. Louis</b> d. STREET ADDRESS (If outside, give location) <b>2119 Switzer</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>CARL</b> Last <b>Baum</b>		4. DATE OF DEATH Month <b>11</b> Day <b>14</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/11/1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>driver</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>62 years</b>
11a. FATHER'S NAME <b>J. C. Baum</b>		11b. MOTHER'S MAIDEN NAME <b>Mary Korte</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W W II</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Frank Baum - 2119 Switzer</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Perforation of Esophagus</b> DUE TO (b) <b>Intestinal obstruction (C vomiting)</b> DUE TO (c) <b>Carcinomatosis of Peritoneal Cavity</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Ductal Adenocarcinoma of Ascending Colon</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 wks</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>153.0</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>8-20-1962</b> to <b>11-14-1962</b> and last saw him alive on <b>11-14-1962</b> Death occurred at <b>915 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul W. Schaper MD</b>		22b. ADDRESS <b>601 S. Brentwood, Clayton</b>	
22c. DATE SIGNED <b>11/15/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>Nov 16, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, & county) <b>St. Louis Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>BUCHHOLZ MORTUARY-5967 W. Florissant Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>11-15-62</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy MD</b>			

**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 *Harold J. Buckley*

Licensed Embalmer No. 4551

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.