

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048306

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11951 STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF BIRTH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Illinois</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb <u>3 weeks</u>	c. CITY OR TOWN <u>East St. Louis,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis-Little Rock Hospitals, Inc.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2450 Lorraine Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>V.</u> Last <u>Eldridge</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>11,</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>Oct. 8, 1900</u>
9. AGE (last birthday) <u>62 yrs.</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	IF UNDER 24 HR Hours <u>3</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truckman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Paris Landing, Tenn.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Eldridge</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Shipley</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth (Mabry) Eldridge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		17. INFORMANT <u>Mrs. Ruth Eldridge</u> Address <u>2450 Lorraine Dr. E. St. Louis, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for each part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ch. Typhlophite</u> DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) <u>181.0</u>			INTERVAL BETWEEN ONSET AND DEATH
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 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 <u></u> a.m. <u></u> p.m. Month, Day, Year <u></u>		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 <u>Nov. 26, 1962</u> to <u>Dec. 11, 1962</u> and last saw him alive on <u>Dec. 11, 1962</u>		Death occurred at <u>7:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>1755 South Grand Blvd.,</u>	22c. DATE SIGNED <u>12-13-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake View Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>
24. FUNERAL DIRECTOR ADDRESS <u>Kurrus Funeral Home-2525 State St., E. St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 13 1962</u>	26. REGISTRAR'S SIGNATURE <u>Carl 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

*Not Embalmed*

Signed \_\_\_\_\_

*C. G. Keenan Jr*

Licensed Embalmer No. 3162

P. O. Address E - St Louis 711

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.