

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12273 -62-048350  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12273**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 10 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>PLACE OF DEATH</b> a. COUNTY		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2622 Lafayette</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print) First <b>Raymond</b> Middle <b>Carlis</b> Last <b>Gan</b>		4. <b>DATE OF DEATH</b> Month <b>December</b> Day <b>20</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. <b>DATE OF BIRTH</b> <b>4/6/1913</b>
9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Press Operator</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Gaylord Box Factory</b>	
11. <b>BIRTHPLACE</b> (City and state or country) <b>Pulaski Co., Mo.</b>		12. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.</b>	
13a. <b>FATHER'S NAME</b> <b>Connie Gan</b>		13b. <b>MOTHER'S MAIDEN NAME</b> <b>Martha Alice Grossland</b>	
14. <b>NAME OF HUSBAND OR WIFE</b> <b>None</b>		15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. <b>SOCIAL SECURITY NO.</b> <b>Unknown</b>		17. <b>INFORMANT</b> <b>Albert Gan, Dixon, Mo.</b>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. <b>DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <b>Subarachnoid Hemorrhage; Pulmonary Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b> suffered when struck by car operated by one Arnold Taylor at intersection of Jefferson &amp; Lafayette about 11:40 P.M. Nov 30 1962.</b> DUE TO <b>accident</b> PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> 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		INTERVAL BETWEEN ONSET AND DEATH	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
20c. <b>TIME OF INJURY</b> Hour <b>11:40</b> a.m. <b>11:30</b> p.m. <b>62</b>		20d. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>23 Street</b>	
20e. <b>PLACEMENT OF INJURY</b> <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		20f. <b>CITY, TOWN, OR LOCATION</b> <b>St Louis, Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		22. <b>SIGNATURE</b> (Degree or title) <b>Albert H. Hoppe, Inc.</b>	
22a. <b>ADDRESS</b> <b>1300 Chest</b>		22c. <b>DATE SIGNED</b> <b>12-21-62</b>	
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		23b. <b>DATE</b> <b>12-22-62</b>	
23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Friendship Cemetery</b>		23d. <b>LOCATION</b> (City, town, or county) (State) <b>Pulaski Co., Mo.</b>	
24. <b>FUNERAL DIRECTOR</b> <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>DEC 21 1962</b>	
26. <b>REGISTRAR'S SIGNATURE</b> <b>Earl Smith, M.D.</b>			

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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,

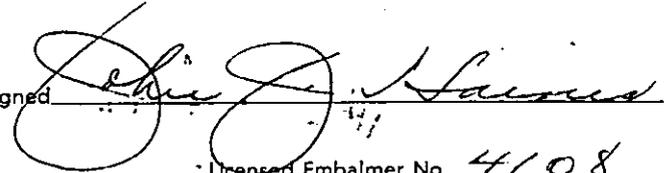
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

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.