

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048521

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12387

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1					
2	22	4	9		
3					
4	0				
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11					
12	91	-	0		
13					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <del>FILED</del> <b>JAN 2 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		e. STATE <b>MO.</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 type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ENROUTE LUTHERAN HOSP</b>		d. STREET ADDRESS (If outside, give location) <b>3313 ILLINOIS AVE</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRED W LAY</b>			4. DATE OF DEATH Month Day Year <b>DEC 23 1962</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 3 1911 51</b>
9. AGE (last birthday) Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BREWERY WORKER</b>	
11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>	
13a. FATHER'S NAME <b>FRED LAY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BEITER</b>	
14. NAME OF HUSBAND OR WIFE <b>ELSIE LAY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>ELSIE LAY 3313 ILLINOIS AVE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b> )			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>420.1</b>			
DUE TO (c)			
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 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 <b>St. Louis, Mo</b>	
21. I attended the deceased from <b>1955</b> to <b>12/23/62</b> and last saw him alive on <b>12/23/62</b> . Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thomas Watson M.D.</b> (Degree or title)		22b. ADDRESS <b>8059 Watson Rd.</b>	
22c. DATE SIGNED <b>12/24/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>DEC. 26 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Thomas Kutis 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 26 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>			

