

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048950

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3707

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1962

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>4002</u>	
2 <u>4032</u>	
3	
4 <u>0</u>	
5 <u>2</u>	
6	
7 <u>0</u>	
8 <u>1</u>	
<u>94201H</u>	
10	
11	
<u>1245-0</u>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Northwoods</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>6614 Barr</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>G.</u> Last <u>De Courcy</u>		4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>62</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-20-1873</u>
9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grimm Paint Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John DeCourcy</u>	
13b. MOTHER'S MAIDEN NAME <u>Cora Vaughn</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>  </u>	
17. INFORMANT <u>Mr. Gene Dohrendorf, 6614 Barr</u>		Address <u>  </u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arteriosclerosis with Severe In-</u> <u>volvement of Coronary, and Renal</u> Conditions, if any, which give rise above cause (a), stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </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) <u>Carcinoma of distal sigmoid colon</u>		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.) <u>Purulent Bronchitis; Early Bronchopneumonia; Pulmonary Edema and Hydrothorax</u>		20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> 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.) <u>  </u>	
20f. CITY, TOWN, OR LOCATION <u>  </u>		COUNTY <u>  </u> STATE <u>  </u>	
21. I attended the deceased from <u>12-13-62</u> to <u>12-17-62</u> and last saw him alive on <u>12-17-62</u> Death occurred at <u>12:05 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. R. Gilchrist, M.D.</u>		22b. ADDRESS <u>601 So. Brentwood Clayton 5, Mo.</u>	
22c. DATE SIGNED <u>12/18/62</u>		(State) <u>  </u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>12-removal</u>		23b. DATE <u>12-19-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Missouri.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Math Hermann &amp; Son Funeral Home 2161 East Fair Ave. St. Louis 9, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-62</u>	
26. REGISTRAR'S SIGNATURE <u>John R. Gilchrist, M.D.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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

*Julius R Brown*

Licensed Embalmer No. 5146

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.