

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021665

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5548 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59
 1
 2 2159
 3
 4 0
 5 2
 6
 7 2
 8 2
 9
 10
 11
 12 75-0
 13
 Thomas J. Ridzon, M.D. USE BLACK INK OR TYPEWRITER RIBBON
 75
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>MO</u>	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in 1b <u>2da</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 CNTY HOSP. # 1</u>		d. STREET ADDRESS (If outside, give location) <u>5017 VIRGINIA</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>MICHAEL</u> Middle <u>HARER</u> Last			Month <u>5</u> Day <u>24</u> Year <u>63</u>
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>MALE</u>	<u>CAU</u>		<u>11/16/184</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDER</u>	11. BIRTHPLACE (City and state or country) <u>AUSTRIA</u>
13a. FATHER'S NAME <u>JOHAN HARER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>EVA - (DECEASED)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>HELEN HARER</u>		Address <u>5017 VIRGINIA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pneumonia (R)</u>			
DUE TO (b) <u>unknown organism</u>			
DUE TO (c) <u>492XH</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Metastatic Carcinoma to liver</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 type="checkbox"/> NO <input checked="" 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>5:30</u> a.m. <u>AM</u> Month, Day, Year <u>5/22/63</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
	<u>1515 LAFAYETTE AVE.</u>		<u>ST. LOUIS MO</u>
21. I attended the deceased from <u>5/22/63</u> to <u>5/24/63</u> and last saw her/him alive on <u>5/24/63</u>			
Death occurred at <u>5:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas J. Ridzon M.D.</u>		22b. ADDRESS <u>1515 LAFAYETTE AVE.</u>	22c. DATE SIGNED <u>5/24/63</u> (State)
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/27/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul</u>	23d. LOCATION (City, town, or county) <u>St. Louis MO</u>
24. FUNERAL DIRECTOR <u>Schumacher</u>	ADDRESS <u>3013 Meramec</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 25 1963</u>	26. REGISTRAR'S SIGNATURE <u>Coal 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

Signed

Jack Haupt

Licensed Embalmer No. _____

4746

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.