

JURI DIVISION OF HEALTH - STANDARD, CERTIFICATE OF DEATH

59-038251

FILED VS OCT 28 1959

STATE FILE NUMBER

Registration District No. 1250 Primary Registration District No. _____ Registrar No. **9598**

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Mo.</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mississippi River</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>Ill</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Ill</u> Middle <u>Col. Maes</u> Last <u>Ill</u>			4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>59</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <u>70.45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ill</u>		11. BIRTHPLACE (City and state or country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>Unknown</u>	
13a. FATHER'S NAME <u>Ill</u>		13b. MOTHER'S MARDEN NAME <u>Ill</u>		14. NAME OF HUSBAND OR WIFE <u>Ill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Ill</u>			16. SOCIAL SECURITY NO. <u>Ill</u>	17. INFORMANT <u>Coroner's Office Records</u> Address _____			
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>Asphyxiation due to drowning</u> DUE TO (b) <u>When found in River at foot of</u> DUE TO (c) <u>Iron St. Sept. 9, 1959</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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>Manner of Cause could not be ascertained</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 checked="" 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>Open Verdict</u>					
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 _____			
21. I attended the deceased from _____ to _____ and last saw her/him live on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE _____ (Degree or title)			22b. ADDRESS <u>1300 Claib</u>		22c. DATE SIGNED <u>9/30/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>10-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u> (State)			
24. FUNERAL DIRECTOR <u>Peoples Und. Co.</u> ADDRESS <u>3100 Franklin Ave.</u>			25. DATE RECD. BY LOCAL REG. <u>OCT 20 '59</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> <u>MOB</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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.

NOT EMBALMED CREMATED BY CITY

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.