

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004650

FILED VS. FEB 1 1960 317

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 157

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warson Woods		a. STATE Mo.		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 653 Dearborn		Length of stay in 1b 27 Yrs.		c. CITY OR TOWN Warson Woods		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 653 Dearborn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
Herbert Alger Washburn				Jan. 13, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-19-189	9. AGE (last birthday) 68	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) Branch Manager		10b. KIND OF BUSINESS OR INDUSTRY Service National Screen		11. BIRTHPLACE (City and state or country) Chigago, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Franklin B. Washburn			13b. MOTHER'S MAIDEN NAME Metha Sorrenson		14. NAME OF HUSBAND OR WIFE Jean A. Washburn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None 346-07-5429		17. INFORMANT Warson Woods, address MO. Jean A. Washburn-1653 Dearborn Dr.			
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) Myocardial Infarction						1 month	
DUE TO (b) Coronary Occlusion						immediate	
DUE TO (c) Coronary Arteriosclerosis						15 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema; Diabete Mellitus						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 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 2/13/59 to 1/12/60 and last saw her/him alive on 1/12/60							
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Francis C. King MD				22b. ADDRESS 9129 Mandala Kirkwood Mo		22c. DATE SIGNED 1/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE 1-16-1960		23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.				25. DATE RECD. BY LOCAL REG. 1-15-60		26. REGISTRAR'S SIGNATURE [Signature]	

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ben E. Hoffman*
Licensed Embalmer No. *4136*

P. O. Address *St Louis*

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.