

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

-60-007968

2 1886

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		Length of stay in 1b _____		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hwy 32</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside give location) <i>4023 Olive</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Boswell</i> Last <i>Boswell</i>				4. DATE OF DEATH Month <i>1</i> Day <i>17</i> Year <i>60</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>65</i>		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>unk.</i>		12. CITIZEN OF WHAT COUNTRY <i>unk.</i>					
13a. FATHER'S NAME <i>unk</i>				13b. MOTHER'S MAIDEN NAME <i>unk</i>				14. NAME OF HUSBAND OR WIFE <i>unk</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <i>unk</i>				16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT <i>T.O. Taylor</i> Address <i>1300 Clark</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <i>Cerebral Hemorrhage's</i> DUE TO (c) <i>Arteriosclerosis</i> 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) <i>331x</i>										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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>Clark</i> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Joseph M. Zuercher</i> (Degree or title) <i>Deputy Coroner</i>						22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>1-25-60</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>FEB 29 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>			23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>						
24. FUNERAL DIRECTOR <i>Roland Mortuary Svc 4104-06</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>FEB 18 1960</i>		26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>							

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.

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.