

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017719

FILED VS. MAY 6 1960 317

Primary Registration District No. 547

Registrar's No. 1374

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY GLASCOCK			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b DAYS		c. CITY OR TOWN ROSEBUD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Fletcher				4. DATE OF DEATH Month Day Year 4/25/60			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4-10-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Retired SWITCHMAN			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) MANCHESTER, TENN		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wm. FLETCHER			13b. MOTHER'S MAIDEN NAME FAITH		13c. NAME OF HUSBAND OR WIFE unk. ELLA CURTISS DIVORCED		
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. ?	17. INFORMANT Address BARBARA BINKHOELTER ROSEBUD, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decayed responsiveness DUE TO (c) Cerebral Vascular Accident							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)					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 checked="" 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 3-4-60 , to _____, and last saw her/him alive on 4-25-60 Death occurred at 3:45 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Francis S. Walker M.D.			22b. ADDRESS 4161 Lindell, St. Louis, Mo.		22c. DATE SIGNED 4-26-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4/26/60	23c. NAME OF CEMETERY OR CREMATORY CITY		23d. LOCATION (City, town, or county) OWENSVILLE, MO		(State)	
24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 4-26-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1960

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

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin

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.