

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028710

FILED VS. JUL 22 1960

318

Primary Registration District No. 1003

Registrar's No. 6952

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Foot of Carr Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2009 Destrehan			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle F. Last Pokorny			4. DATE OF DEATH Month July Day 11 Year 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 8/16/99	9. AGE (last birthday) 60	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) Shoe Cutter		10b. KIND OF BUSINESS OR INDUSTRY Samuels Shoe Co.		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Pokorny			13b. MOTHER'S MAIDEN NAME Link		14. NAME OF HUSBAND OR WIFE Mary Wife		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mary Pokorny 2009 Destrehan			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Trauma DUE TO (b) Interstitial Nephritis DUE TO (c) 850X 42 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)					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 checked="" 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. Suffered in fall from boat (Thunderbird) at foot of Carr Street into Mississippi River about 1208 am.					
20c. TIME OF INJURY Hour 1208 a.m. Month, Day, Year 7 11 60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River		20f. CITY, TOWN, OR LOCATION St. Louis Mo		20g. COUNTY Mo		20h. STATE
21. I attended the deceased from 1256 P. to 1256 P. and last saw her/him alive on 7/11/60 . Death occurred at 1256 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Salmon R. Doyle (Degree or title)				22b. ADDRESS 1306 Elm		22c. DATE SIGNED 6/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/13/60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Moydell Funeral Home ADDRESS 1926 Allen			25. DATE RECD. BY LOCAL REG. JUL 11 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2183

JUL 25 1960

JUL 29 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

Hadley F. Geller Jr

Licensed Embalmer No. 7950

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.