

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032070

FILED VS AUG 17 1960

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7751

STATE FILE NUMBER

ENDE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 33 yrs.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmiry				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4536 Newberry Terrace	
3. NAME OF DECEASED (Type or print) First Middle Last LARRY DABNEY				4. DATE OF DEATH Month Day Year Aug. 4 1960			
5. SEX Male		6. COLOR OR RACE Col		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-23-1889	
9. AGE (last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher		11. BIRTHPLACE (City and state or country) Edmondson Ark		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Caroline ?			14. NAME OF HUSBAND OR WIFE Hattie Dabney	
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. 709-09-5446		17. INFORMANT Hattie Dabney 4536 Newberry Terrace		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure hypertension DUE TO (b) hypertension DUE TO (c) 443x						INTERVAL BETWEEN ONSET AND DEATH 6 months	
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"/>		20. 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 July 1. 60 to Aug. 4. 60 and last saw him alive on Aug. 4. 60 . Death occurred at 1 a. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter A. Young (or title) Walter A. Young				22b. ADDRESS 4635 Easton		22c. DATE SIGNED 8/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-8-1960		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave				25. DATE RECD. BY LOCAL REG. AUG 5 1960		26. REGISTRAR'S SIGNATURE Lead Smith, M.D.	

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 *Esther K. Harris*

Licensed Embalmer No. 4450

P. O. Address 4181 Wash

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.