

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1960

318

1003

-60-033014
REGISTRAR'S No. 8556 STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 8556

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		c. CITY OR TOWN Normandy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3752 E. Edgar	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. Year	
First Annie Middle Last Walker				Month August Day 28 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/3/1896	9. AGE (last birthday) 64	IF UNDER 28 Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bench & Light Mach. Operator			10b. KIND OF BUSINESS OR INDUSTRY Carter Carb. Co.		11. BIRTHPLACE (City and state or country) Malden, No.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME John Jones			13b. MOTHER'S MAIDEN NAME Eva Bost			14. NAME OF HUSBAND OR WIFE Unavailable	
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. 487-18-4021		17. INFORMANT John Vardell, Kennett, Mo.		
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) Thrombosis, internal (arterial) Artery - Lt.						 4 days	
DUE TO (b) Encephalomalacia Lt Hemisphere Brain						 4 days	
DUE TO (c) 332x							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aneurysm Saccular, middle Cerebral artery - Lt. Hemorrhage, spont. Sec to a						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 8-15-60 to 8-28-60 and last saw her/him alive on 8-28-60 Death occurred at 10:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Gray E. Rouche (Degree or title) MD				22b. ADDRESS 3725 Washington Ave - St. Louis		22c. DATE SIGNED 8-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-31-60	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Kennett, Mo.		
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd. ADDRESS				25. DATE RECD. BY LOCAL REG. AUG 31 1960		26. REGISTRAR'S SIGNATURE Carol Smith, R.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1900

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Brink

Licensed Embalmer No. 326

P. O. Address At Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.