

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 MONTHS	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Littles Rock Hospital, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3169 Nebraska
3. NAME OF DECEASED (Type or print) First Luther Middle Charles Last Sizemore		4. DATE OF DEATH Month October Day 15 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 2-20-1909	9. AGE (last birthday) 51	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) Usher		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) DOE RUN, MO	12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME EUGENE D. SIZEMORE		13b. MOTHER'S MAIDEN NAME RICHARD-IRENE SUTHERLAND		14. NAME OF HUSBAND OR WIFE Margaret SIZEMORE		

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. 702-12-6510	17. INFORMANT MARGARET SIZEMORE 3169 NEBRASKA	Address
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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 7 months
IMMEDIATE CAUSE (a) Adenocarcinoma of pancreas with metastases		
DUE TO (b)		
DUE TO (c) 157X		

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	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **9/1/60** to **Oct. 15, 1960** and last saw ~~xx~~ him alive on **Oct 14, 1960**
 Death occurred at **8:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John T Vandover MD	(Degree or title)	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 10/14/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-18-60	23c. NAME OF CEMETERY OR VALHALLA	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
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24. FUNERAL DIRECTOR Howard Michel Funeral Home-St. Louis, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 17 1960	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.
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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

V E Morris

Licensed Embalmer No.

3360

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.