

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>ST LOUIS</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Length of stay in 1b <i>60 DAYS</i>		c. CITY OR TOWN <i>OVERLAND</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST LUKES HOSP.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>8808 FOREST</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>GEORGE R.</i> Middle <i>ALBIN</i> Last				4. DATE OF DEATH Month <i>11</i> Day <i>29</i> Year <i>60</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-7-1897</i>	9. AGE (last birthday) <i>63</i>	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) <i>LAUNDRY OWNER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RETIRED</i>		11. BIRTHPLACE (City and state or country) <i>ST LOUIS MO</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>ROBY EDWARD ALBIN</i>			13b. MOTHER'S MAIDEN NAME <i>MARGARET R. ROOSEVENT.</i>		14. NAME OF HUSBAND OR WIFE <i>LEILA ALBIN</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk.</i>		16. SOCIAL SECURITY NO. <i>492-05-2305</i>		17. INFORMANT Address <i>LEILA ALBIN 8808 FOREST</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thrombosis of aorta</i> DUE TO (b) <i>Aortic Aneurysm (abdominal)</i> DUE TO (c) <i>451x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i> <i>unknown</i>	
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"/> N: <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 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 <i>11/25/60</i> to <i>11/29/60</i> and last saw her/him alive on <i>11/29/60</i> Death occurred at <i>4:30 p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Alan McFee M.D.</i>				22b. ADDRESS <i>100 N Euclid Ave</i>		22c. DATE SIGNED <i>11/30/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>11-2-</i>	23c. NAME OF CEMETERY OR CREMATORY <i>60MT LEBANON</i>		23d. LOCATION (City, town, or county) (State) <i>STANN MO</i>			
24. FUNERAL DIRECTOR ADDRESS <i>EARTHILLEMANN OVERLAND</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 30 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

101
Mr. H. R. E. E.

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 Earl G. Fullen

Licensed Embalmer No. 3581

P. O. Address Orlando, Fla.

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.