

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960 318 Primary Registration District No. 1003 Registrar's No. 11781-60-045524

INDEXED

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DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis Mo</i>		Length of stay in 1b		c. CITY OR TOWN <i>St Louis</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>Hosp #1</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>714 MARKET St</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>HERBERT</i>			First		Middle <i>Beechold</i>		Last		
4. DATE OF DEATH		Month <i>11</i>		Day <i>15</i>		Year <i>60</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input checked="" type="checkbox"/>	Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <i>37</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Grounds Maintenance</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Wet</i>		11. BIRTHPLACE (City and state or country) <i>LA Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>None</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>J.C. Taylor 1300 Clark</i>			Address	
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)									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		<i>UREMIA</i>					
		DUE TO (c)		<i>792x N. M. Q</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"/> No <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>2:30</i> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Joseph B. Gwynn</i> (Degree or title)				22b. ADDRESS <i>1300 Clark</i>				22c. DATE SIGNED <i>11-18-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>12-31-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>			23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Lowland-Alter 4104 Manchester</i>			ADDRESS		25. DATE RECD. BY LOCAL REG. <i>DEC 8 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

BY AFFRUIT 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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