

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED NS JAN 5 1967

-60-048150
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3649

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Length of stay in 1b <u>9 DAYS</u>	c. CITY OR TOWN <u>POND</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>GEN. DEL. GROVER, MO</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JULIUS</u> Middle <u>FRED</u> Last <u>DEUSER</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-4-23</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>19</u> Days <u>19</u> Hours <u>19</u> Min. <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUILDING LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST LOUIS Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>HENRY DEUSER</u>		13b. MOTHER'S MAIDEN NAME <u>VIDA PADFIELD</u>		14. NAME OF HUSBAND OR WIFE <u>JUNE DELORES DEUSER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW#II</u>		16. SOCIAL SECURITY NO. <u>498-18-8951</u>		17. INFORMANT <u>JUNE D. DEUSER</u> Address <u>GEN. DEL. GROVER, MO</u>		

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) <u>Post-operative peritonitis</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>reversis of transverse colon following (9 days) Costrain frame</u>		
	DUE TO (c) <u>Multiple traumatic injuries (pelletation struck by car)</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Delirium tremens</u>			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 checked="" 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.) <u>Pt. struck by car</u>	
20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>12/10/60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Highway 109, Pond</u>
		20g. COUNTY <u>(St. Louis Co.)</u>	20h. STATE <u>MO.</u>
21. I attended the deceased from <u>12-10-60</u> to <u>12-19-60</u> and last saw ^{her} him alive on <u>12-19-60</u> Death occurred at <u>4:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>John E. Oakley, M.D.</u>		22b. ADDRESS <u>6015 Brentwood Clayton 5, Mo.</u>		22c. DATE SIGNED <u>12/19/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-21-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST PAUL'S</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co, MO</u>	
24. FUNERAL DIRECTOR <u>EARL HILLEMANN OVERLAND, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-60</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

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

Earl Hillman

Licensed Embalmer No. 3501

P. O. Address Greeland

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.