

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1516**

FILED VS FEB 28 1961
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 | | a. STATE Missouri | b. COUNTY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital | | c. CITY OR TOWN St. Louis | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS 201 So. 20th St. | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|-------------------------------------|--------|------------------|-----------------------|---------------|------------------|--|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | |
| First Henry | Middle | Last Wash | Month February | Day 13 | Year 1961 | |

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|--------------------|-------------------------------|---|-----------------------------------|----------------------------------|---|----------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/11/1890 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|--------------------|-------------------------------|---|-----------------------------------|----------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gateman | 10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad | 11. BIRTHPLACE (City and state or country) Russia | 12. CITIZEN OF WHAT COUNTRY U.S. |
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| 13a. FATHER'S NAME Michael Wash | 13b. MOTHER'S MAIDEN NAME Clara Krauser | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) Yes WW I | 17. INFORMANT Address Ray F. O'Neill, 4936 Forest Park |
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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 |
| IMMEDIATE CAUSE (a) | Coronary Occlusion. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | Coronary Sclerosis. | |
| DUE TO (b) | 420.1 | |
| DUE TO (c) | | |

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| 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 | 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 **10:24 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Patricia E Taylor Coroner | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 2-14-61 |
|---|--------------------------------|---------------------------------|

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|--|--------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2-16-61 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd. | 25. DATE RECD. BY LOCAL REG. FEB 14 1961 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Esy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address H Louis Me

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.