

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4705 STATE FILE NUMBER

FILED JUN 2 1961

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>St. Louis</u> Length of stay in 1b <u>20</u>				c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Week</u>	
3. NAME OF DECEASED (Type or print) First <u>PETE</u> Middle <u>ALGER</u> Last <u>WEEK</u>		4. DATE OF DEATH Month <u>4</u> Day <u>1</u> Year <u>61</u>		5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>	
7. Married <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DAYS OF BIRTH <u>57</u>		9. AGE (last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Week</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Week</u>		11. BIRTHPLACE (City and state or country) <u>Week</u>		12. CITIZEN OF WHAT COUNTRY <u>Week</u>	
13a. FATHER'S NAME <u>Week</u>				13b. MOTHER'S MAIDEN NAME <u>Week</u>		14. NAME OF HUSBAND OR WIFE <u>Week</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or funk down) (If yes, give war or dates of service) <u>Week</u>				16. SOCIAL SECURITY NO. <u>Week</u>		17. INFORMANT <u>J.E. Taylor</u> Address <u>Week</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <u>Malnutrition Dehydration</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>450.0</u>							INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Patricia E. Taylor</u> (Degree or title)				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>5-1-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MAY 31 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
FUNERAL DIRECTOR ADDRESS Rowland-Aker Mortuary Service 4104 M...				25. DATE RECD. BY LOCAL REG. <u>MAY 18 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
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 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.