

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6155-61-022578
STATE FILE NUMBER

AMENDED

FILED JUL 7 1961 318 Primary Registration District No. 1003 Registrar's No. 6155

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 45 yrs	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer Phillips Hosp			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4251 W Aldine Ave	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM GAVINS			4. DATE OF DEATH Month Day Year June 29 1961		
5. SEX Male	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1898	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 5 Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Laurel - Miss		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Jack Gavins		13b. MOTHER'S MAIDEN NAME Caroline Jones		14. NAME OF HUSBAND OR WIFE Ruth Gavins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W W # 1		16. SOCIAL SECURITY NO. WW # 1		17. INFORMANT Address Maggie Perkins 3619 Aldine Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4341 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH one day
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"/>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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 6-12-61 4:30 PM and last saw him alive on 6-29-61 Death occurred at 6-29-61 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. D.			22b. ADDRESS 822a N. Jefferson Avenue		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-6-1961		23c. NAME OF CEMETERY OR CREMATORY National	
24. FUNERAL DIRECTOR ADDRESS JAS H. RANDLE & SON 3133 Bell Ave			23d. LOCATION (City, town, or county) (State) Jefferson Brks MO		25. DATE RECD. BY LOCAL REG. JUL 1 1961
26. REGISTRAR'S SIGNATURE Roal Smith. M.D.					

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

Congestive heart failure

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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washin

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.