

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023330

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5813

FILED JUN 29 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 2mo.15days | 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 Chronic Hospl | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2251 O'Fallon Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First DOROTHY Middle WHITE Last | | | 4. DATE OF DEATH Month 6 Day 21 Year 1961 |
| 5. SEX F. | 6. COLOR OR RACE N | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/24/12 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 49 IF UNDER 1 YEAR Months 4 Days 17 Hours Min. |
| 11. BIRTHPLACE (City and state or country) Arkansas | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Louis Day | | 13b. MOTHER'S MAIDEN NAME Annie Brown | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Louis Day 2716Benton St. Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONITIS, CHRONIC DUE TO (b) CONGESTIVE (MYOCARDIAL) FAILURE DUE TO (c) 434.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 4-6 WEEKS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DECUBITI, LARGE - CYSTITIS CHRONIC - | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 p.m. | | | |
| 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 4-6-61 to 6-21-61 and last saw ^{her} him alive on 3:45 AM 4/20/61 Death occurred at 3:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE John J. Keenan M.D. (Degree or title) | | 22b. ADDRESS 5800 Arsenal Ave | 22c. DATE SIGNED 6/21/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Remove | 23b. DATE 6-28-1961 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood | 23d. LOCATION (City, town, or county) (State) St. Louis Co Mo |
| 24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave ADDRESS | | 25. DATE RECD. BY LOCAL REG. JUN 22 1961 | 26. REGISTRAR'S SIGNATURE Loan Smith. M.D. |

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 Washington*

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.