

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 3-1967-18

Primary Registration District No. 1003

Registrar's No. 6482

-61-027458
STATE FILE NUMBER

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. 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 915 N. GRAND, ST LOUIS, MO.				Length of stay in 1b 40 DAYS		c. CITY OR TOWN BELLEVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 324 N. 1ST STREET	
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE B. WARF				4. DATE OF DEATH Month Day Year JULY 10 1961			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/4/98	
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOUNDRY WORKER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CARLINVILLE, ILL.	
13a. FATHER'S NAME WILLIAM WARF				13b. MOTHER'S MAIDEN NAME MARGARET KIRKWOOD		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) YES WW I				17. INFORMANT Myrtle Alberts, Sister, 420 REAR N. 2ND ST. BELLEVILLE, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACEREBRAL HEMORRHAGE DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) 331x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 WKS YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA, MYOCARDIAL INFARCTION, PYELONEPHRITIS							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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. 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. attended the deceased from 5/31/61 to 7/10/61 and last saw him alive on 7/10/61 Death occurred at 3:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert B. VanCleave (Degree or title) ROBERT B. VAN CLEAVE M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 7/10/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-13-61		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Belleville, Ill.	
24. FUNERAL DIRECTOR Gaerdner Funeral Home, Belleville, Ill.				25. DATE RECD. BY LOCAL REG. JUL 12 1961		26. REGISTRAR'S SIGNATURE Earl 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

Stanley H. Aifon

Licensed Embalmer No. 44193

P. O. Address St. Louis

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.