

AMENDED

FILED OCT 13 1961 318 1003 9177 REGISTRAR'S NO. STATE FILE NUMBER

STATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

T. PLACE OF DEATH - a. COUNTY <i>St. Louis, Mo.</i>				2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>					
b. CITY (if outside corporate limits, give TOWNSHIP, July) OR TOWN <i>St. Louis, Mo.</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Flord = 24</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>604 Chestnut</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Walter</i> Middle <i>Walter</i> Last <i>Nagel</i>				4. DATE OF DEATH Month <i>8</i> Day <i>24</i> Year <i>61</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>3-7</i>		9. AGE (Use Birthdays) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>Ill. Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		
13a. FATHER'S NAME <i>Walter</i>			13b. MOTHER'S MAIDEN NAME <i>Walter</i>			14. NAME OF HUSBAND OR WIFE <i>Helen S. Taylor</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <i>None</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Helen S. Taylor</i> 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) _____ DUE TO (b) <i>Ruptured Left Ventricle,</i> DUE TO (c) <i>an Old Infarct</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
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. 4201 <input type="checkbox"/> Yes <input 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 _____ 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 <i>from</i> _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Helen L. Taylor Coroner</i>				22b. ADDRESS <i>1300 Clark Ave.</i>		22c. DATE SIGNED <i>9-25-61</i> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>OCT 31 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>			
24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc. 4104-06 Manchester</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>OCT 5 1961</i>		26. REGISTRAR'S SIGNATURE <i>Leon Smith, M.D.</i>			

Rowland Mortuary Svc. 4104-06 Manchester

OCT 5 1961

Leon 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 _____

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.