

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042259

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11075 STATE FILE NUMBER

AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11075

STATE FILE NUMBER

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Stoddard**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay in 1b

c. CITY OR TOWN **Bloomfield** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **RR #1** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ROBERT** Middle **W.** Last **CATE**

4. DATE OF DEATH Month **NOVEMBER** Day **27** Year **1961**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **12/27/1881**

9. AGE (last birthday) **79**

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) **Orderly**

10b. KIND OF BUSINESS OR INDUSTRY **Hospital**

11. BIRTHPLACE (City and state or country) **Bloomfield, Mo.**

12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Robert D. Cate**

13b. MOTHER'S MAIDEN NAME **Mary Roberts**

14. NAME OF HUSBAND OR WIFE **Elfie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

17. INFORMANT **Elfie Cate, Bloomfield, Mo.** 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) **Cerebral Vascular Accident**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized Arteriosclerosis**

DUE TO (c) **331x**

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 **11-21-61** to **11-27-61** and last saw her him alive on **11-27-61**

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) **John J. Donoghue M.D.**

22b. ADDRESS **1515 LAFAYETTE AVE.**

22c. DATE SIGNED **11-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **11-29-61**

23c. NAME OF CEMETERY OR CREMATORY **Bloomfield, Mo.**

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS

25. DATE RECD. BY LOCAL REG. **NOV 28 1961**

26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DEC 25 1961

JAN 30 1962

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 A. Dixon
Licensed Embalmer No. 4193

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.