

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009000

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 445

FILED FEB 28 1962

VS 300
Rev. 4/59

1 4005
20500

3
4 0
5 1
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7 1
8 1
9 162.1
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12 46-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jeff.</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u> | | Length of stay in lb <u>4 wks</u> | c. CITY OR TOWN <u>DITTMER Mo</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARY HOSP</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>R.R. #1</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>HAROLD HARRY AVITT</u> | | 4. DATE OF DEATH Month Day Year <u>2 - 3 - 62</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/26/1907</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Flooring</u> | 11. BIRTHPLACE (City and state or country) <u>Creston Iowa</u> |
| 13a. FATHER'S NAME <u>Haskell Avitt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Diekell</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruth</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW2</u> | | 17. INFORMANT <u>Ruth Avitt Dittmer Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma with metastatic Brain lesions</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | 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 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 from <u>Nov 1961</u> to <u>2-3-62</u> and last saw him alive on <u>2-3-62</u> | | Death occurred at <u>10:20</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22. SIGNATURE (Name or title) <u>William T. Fitzgerald M.D.</u> | | 22. ADDRESS <u>3915 WATSON RD ST LOUIS 9, MO.</u> | |
| 22c. DATE SIGNED <u>2/5/62</u> | | | |
| 23a. BURIAL CREMATION, (Specify) <u>BURIAL</u> | 23b. DATE <u>2/6/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo</u> |
| 24. FUNERAL DIRECTOR <u>Primmer Funeral Home House Springs</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-5-62</u> | 26. REGISTRAR'S SIGNATURE <u>J. C. Murphy M.D.</u> |

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 Robert J. Lewis

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, Mo.

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.