

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013687

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1139

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14031
240312

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

8231 Clayton Road
Littman

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nor mandy		Length of stay in 1b 3 yrs	c. CITY OR TOWN Normandy Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osullivan Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) St Ann Lane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Smith Last			4. DATE OF DEATH Month Apr Day 11 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/79
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Benchman		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric	11. BIRTHPLACE (City and state or country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY USA		14. NAME OF HUSBAND OR WIFE Catherine Smith	
13a. FATHER'S NAME Erastus Smith		13b. MOTHER'S MAIDEN NAME Isabel Mosley	
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 Herman W Schultz		Address 4358 Emmineee	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic gangrene left leg DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 month
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. <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 X 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 March 4, 1959 to April 4, 1962 and last saw him ^{live} on 4-9-62 Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lewes Littman MD		22b. ADDRESS 8231 Clayton Rd (17)	22c. DATE SIGNED 4/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/13/62	23c. NAME OF CEMETERY OR CREMATORY St Monicas Cemetery	23d. LOCATION (City, town, or county) (State) Creve Coeur Mo
24. FUNERAL DIRECTOR Ortmann F Home		ADDRESS 9222 Lackland Overland Mo	25. DATE RECD. BY LOCAL REG. 4-11-62
		REGISTRAR'S SIGNATURE John C. Murphy MD	

USE BLACK INK OR TYPEWRITER RIBBON

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.