

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4359-62-016769
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4359

FILED MAY 10 1962

VS 300 Rev. 4/59	DATE AMENDED	7 5/10/62
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	2 5/10/62
2 226		7 19/01 & 60
3		7 19/01 & 60
4 0		7 19/01 & 60
5 1		7 19/01 & 60
6		7 19/01 & 60
7 0		7 19/01 & 60
8 1		7 19/01 & 60
9		7 19/01 & 60
10		7 19/01 & 60
11		7 19/01 & 60
12 59-0		7 19/01 & 60
13		7 19/01 & 60
59	SHOULD READ	8 & 9 7/19/04 & 57

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeFaul Hospital		d. STREET ADDRESS (If outside, give location) 2511 No. 11th Street	
3. NAME OF DECEASED (Type or print) First Middle Last IRVIN FILLBRIGHT		4. DATE OF DEATH Month Day Year 4/26/1962	
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 7/19/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.
13a. FATHER'S NAME Charles Fillbright		13b. MOTHER'S MAIDEN NAME Helene Oetting	14. NAME OF HUSBAND OR WIFE Helen Fillbright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Helen Fillbright, 2511 N. 11th Str.
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 heart disease. DUE TO (b) DUE TO (c) 420.0 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			INTERVAL BETWEEN ONSET AND DEATH don't know
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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. I attended the deceased from 10-10-61 to 4-26-62 and last saw her alive on 4-25-62 Death occurred at 1:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter H. Soereman M.D.		22b. ADDRESS 1515 St. Louis	22c. DATE SIGNED 4-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/30/1962	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.,
24. FUNERAL DIRECTOR Leidner Und. Co. 2223 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. APR 27 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. ✓

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 Albert Mackfield

Licensed Embalmer No. 3077

P. O. Address St. Louis, 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.

I. All charges concerning embalming will not be accepted until the time of the funeral.

THE STATE OF MISSOURI, DEPARTMENT OF HEALTH, DIVISION OF PUBLIC HEALTH, ST. LOUIS, MISSOURI