# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021131

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4981 STATE FILE NUMBER

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis City Hospital — Inside Limits Yes X No ☐

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

c. CITY OR TOWN: St.Louis — Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location): 2127 Russell — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Raymond Middle G. Last Washabaugh

4. DATE OF DEATH: Month May Day 15, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 3/13/97

9. AGE (last birthday): 65 — 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): Employee

10b. KIND OF BUSINESS OR INDUSTRY: Vet. Admin. Serv.

11. BIRTHPLACE (City and state or country): Oakdale, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George W. Washabaugh

13b. MOTHER'S MAIDEN NAME: ------ Thompson

14. NAME OF HUSBAND OR WIFE: Dorothy C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Craig Washabaugh — Address: 1050 Willmann

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Massive hemorrhage of the brain

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease.

DUE TO (c): 420.0

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 X 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 a.m. p.m. Month, Day, Year

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 142 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Deputy Coro

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 5-16-62

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

23b. DATE: 5/18/62

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS: WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.: MAY 16 1962

26. REGISTRAR'S SIGNATURE: Carl 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. 4375

P. O. Address St. Louis 23, 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.