

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6280-62-024517  
STATE FILE NUMBER

318 1003

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6280

FILED JUL 2 1962

VS 300 Rev. 4/59  
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DATE AMENDED  
INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, 18, Mo		Length of stay in 1b life		2. USUAL RESIDENCE - (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis 11.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2813 Osceola				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last David Alan Cox						4. DATE OF DEATH Month Day Year 6-24-62					
5. SEX Boy		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-24-62		9. AGE (last birthday) 6-24-62		IF UNDER 1 YEAR Months Days 13 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Marvin Cox				13b. MOTHER'S MAIDEN NAME Elizabeth Reb				14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT Marvin Cox, 2813 Osceola 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) <i>Cyanotic Congenital Heart Disease</i> DUE TO (b) <i>Prematurity 5# 3oz 39embry.</i> DUE TO (c) <i>754.5</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Intra uterine Meconium Pneumonia</i> 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 <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 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 <i>June 24-1962</i> to <i>June 24-1962</i> and last saw <i>her</i> alive on <i>June 24, 1962</i> Death occurred at <i>3105 20th</i> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Francis J. Weasel M.D.</i> (Degree or title)						22b. ADDRESS <i>5203 Chappano D.</i>			22c. DATE SIGNED <i>6-25-62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>6/26/62</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Hiram</i>		23d. LOCATION (City, town, or county) <i>St. Louis Co. Mo.</i> (State)					
24. FUNERAL DIRECTOR <i>Schuamcher 3013 Meramec</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>JUN 25 1962</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>					

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Francis Weinel  
5208 Clingman

**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 Jack Haupt

Licensed Embalmer No. 4746

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.