

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028608

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7413

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 Bilateral-hydronephrosis
 due to congenital bladder neck
 obstruction.
 BY AFFIDAVIT OF Attending physician

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 1 1/2 Months		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 Cardinal Glennon Memorial				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5426 Michigan				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle William Last Ellis						4. DATE OF DEATH Month 7 Day 27 Year 62					
5. SEX Male		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 12-15-61		9. AGE (last birthday) Months 7 Days 12		IF UNDER 1 YEAR IF UNDER 24 HR Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY United States			
13a. FATHER'S NAME Charles H. Ellis				13b. MOTHER'S MAIDEN NAME Charlotte R. Diehl				14. NAME OF HUSBAND OR WIFE			
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 Address Charles H. Ellis, 5426 Michigan Ave.,					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH 3 days	
IMMEDIATE CAUSE (a) Peritonitis											
DUE TO (b) Urinary extravasation											
DUE TO (c) Postoperative disruption of unilateral anatomy											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (add to - Bilateral hydronephrosis, -Congenital bladder neck obstruction										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 _____ 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 7/1/62 to 7/27/62 and last saw her alive on 7/27/62 Death occurred at 4:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE James B. Young M.D. (Degree or title)						22b. ADDRESS 1465 South Grand Blvd.,			22c. DATE SIGNED 7/27/62		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/30/62		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery,		23d. LOCATION (City, town, or county) St. Louis County, Mo.					
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.				25. DATE RECD. BY LOCAL REG. JUL 28 1962		26. REGISTRAR'S SIGNATURE Loed Smith M.D.					

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

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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 me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18, 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.

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