

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7554 = 62-028641
STATE FILE NUMBER

318 1003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7554

FILED AUG 13 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1
2 20 0
3
4 0
5 0
6
7 0
8 2
9
10
11
12 75-7
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>ST. Louis</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hosp. #1</u>		d. STREET ADDRESS (If outside, give location) <u>UNK</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Leslie Frawley</u>			4. DATE OF DEATH Month Day Year <u>7 15 62</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>SINGLE</u>	8. DATE OF BIRTH <u>UNK</u>
9. AGE (last birthday) <u>57</u>		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) <u>UNK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>	11. BIRTHPLACE (City and state or country) <u>MO USA</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>UNK</u>	
13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>UNK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>UN</u>		16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT <u>H. L. Taylor 1300 Clark</u> 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) <u>CORONARY SCHEMESIS WITH OCCLUSION</u> DUE TO (b) <u>THERE WAS ALSO HEALED INFARCT AT</u> DUE TO (c) <u>THE APEX OF THE LEFT VENTRICLE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <u>420.1</u>			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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Helen L. Taylor Carver</u>		22b. ADDRESS <u>1300 Clark Ave</u>	22c. DATE SIGNED <u>7-23-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-31-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	23d. LOCATION (City, town, county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 2 1962</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>

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.