MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-029277
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7606

FILED AUG 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 8120 I
3 1
4 0
5 1
6
7 1
8 2
9
10
11
12 52-0
13

52

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

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b 30 Day's

c. CITY OR TOWN Godfrey — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Stamper Lane — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FRANCIS Middle A. Last WALTER

4. DATE OF DEATH Month AUGUST Day 2 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-6-1895

9. AGE (last birthday) 66 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Godfrey, Ill.

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

13a. FATHER'S NAME Phillip Waters

13b. MOTHER'S MAIDEN NAME Mary Krug

14. NAME OF HUSBAND OR WIFE Bernice Stamper

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

16. SOCIAL SECURITY NO. None

17. INFORMANT X Eugene P. Walter Address RR4 Godfrey, Ill

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) PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH 2 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) THROMBOPHLEBITIS, LEFT LOWER EXTREMITY — 2 WEEKS
DUE TO (c) 463X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
TUMOR OF ESOPHAGUS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 JULY 10, 1962, to AUG. 2, 1962 and last saw her/him alive on AUG. 2, 1962
Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F R Bradley MD (Degree or title) F. R. BRADLEY, M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 8/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY St. Patrick's

23d. LOCATION (City, town, or county) (State) Godfrey, Illinois

24. FUNERAL DIRECTOR Verna Stats Woodson ADDRESS Alton, Illinois

25. DATE RECD. BY LOCAL REG. AUG 3 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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Venia Stratton Woodson

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.