MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029555
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2254

FILED AUG 13 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

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MEHLVILLE — Length of stay in 1b: 8 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6125 KERTH RD — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN: MEHLVILLE — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6125 KERTH RD — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First STEVEN Middle EDWARD Last POUNDS
4. DATE OF DEATH: Month AUG Day 2 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ CHILD Divorced ☐
8. DATE OF BIRTH: 12-15-1953
9. AGE (last birthday): 8
IF UNDER 1 YEAR: Months 7 Days 18 Hours Min.
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY: NIL
11. BIRTHPLACE (City and state or country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CURTIS POUNDS
13b. MOTHER'S MAIDEN NAME: EDNA CONAROW
14. NAME OF HUSBAND OR WIFE: NIL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NIL (If yes, give war or dates of service): NIL
16. SOCIAL SECURITY NO.: NIL
17. INFORMANT: CURTIS POUNDS Address: 6125 KERTH RD ST LOUIS 29 MO

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): Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 1 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pharyngitis, acute. — 11 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hydrocephalus & RETARDATION
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 7-26-62 to 8-2-62 and last saw her/him alive on 7-26-62
Death occurred at 4.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Paul G. Fitich (Degree or title) M.D.
22b. ADDRESS: 9730 E WATSON RD.
22c. DATE SIGNED: 8-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-4-1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: MT HOPE CEM
23d. LOCATION (City, town, or county): LEMAY (State) MO
24. FUNERAL DIRECTOR: FEY FUNERAL HOME ADDRESS: MEHLVILLE, MO
25. DATE RECD. BY LOCAL REG.: 8-3-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Gustav W. Dieterle

Signature of Student Embalmer

Licensed Embalmer No. 4329

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.