

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10255 - 62-040688  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10255**

**FILED NOV 1 1962**

VS 300  
Rev. 4/59

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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		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
		<b>St. Louis</b>				<b>Mo.</b>		<b>Mo.</b>		<b>St. Louis</b>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Incarinate Word Hospital</b>						<b>3145 Geyer Ave.</b>									
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH Month Day Year			
			<b>ELIAS</b>			<b>A.</b>			<b>SALIBA</b>			<b>Oct. 26 1962</b>			
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>		Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
<b>Male</b>		<b>White</b>						<b>7-8-1886</b>		<b>76</b>					
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)				12. CITIZEN OF WHAT COUNTRY			
<b>Billiard Proprietor (Retired)</b>								<b>Lebanon</b>				<b>U.S.A.</b>			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
<b>Ignatius Saliba</b>				<b>Philomena Unknown</b>				<b>Late Sadie Saliba</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT Address							
<b>No</b>				<b>None</b>								<b>Nabiha J. Saliba 3145 Geyer Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a)												<b>1 WK</b>			
DUE TO (b)												<b>5 Mo</b>			
DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												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 <u>1960</u> to <u>10/25/62</u> and last saw her alive on <u>10-25-62</u> Death occurred at <u>6:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. 22. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED <u>J. J. Michael M.D.</u> <u>812 Olive</u> <u>10/26/62</u> 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) <u>Burial</u> <u>Oct. 30, 1962</u> <u>S/S Peter &amp; Paul Cemetery</u> <u>St. Louis, Mo.</u> 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>Kriegshauser 4228 S. Kingshighway Blvd.</u> <u>OCT 26 1962</u> <u>Loan Smith, M.D.</u>															

USE BLACK INK OR TYPEWRITER RIBBON

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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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ernest W. Spillard*  
Licensed Embalmer No. 4080

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.