

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC 7472685

SL-9973

-62-044701

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

FILED NOV 19 1962 318 1003 10649

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 62 Days	c. CITY OR TOWN FERGUSON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 404 Shirley		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ED Middle LEE Last OLD			4. DATE OF DEATH Month NOVEMBER Day 5 Year 1962		5. SEX MALE		
6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-11-06		9. AGE (last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY Swift Packing Co.		11. BIRTHPLACE (City and state or country) Alton Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN OLD			13b. MOTHER'S MAIDEN NAME MOLLY MOUNT		14. NAME OF HUSBAND OR WIFE MARY OLD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII 2				17. INFORMANT Address MARY OLD 404 Shirley Ferguson Mo.			
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
IMMEDIATE CAUSE (a) CARDIAC ARREST							
DUE TO (b) CARDIAC TAMPONADE							
DUE TO (c) ACUTE MYOCARDIAL INFARCTION 420.1							
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
VA		9-4-62		11-5-62		-- 11-5-62	
21. I attended the deceased from 9:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Carl E. Reiner M.D.				22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 11-8-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-9-62		23c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery		23d. LOCATION (City, town, or county) (State) Thomasville, Missouri	
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd. Ferg.				25. DATE RECD. BY LOCAL REG. NOV 7 1962		26. REGISTRAR'S SIGNATURE Loed 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 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.