

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045193

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3468

FILED DEC 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Mo.	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hts.		c. CITY OR TOWN St. Louis	
Length of stay in lb 3 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 5418 Elizabeth Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last INFANT MICHAEL COLUMBO		Month Day Year Nov. 25 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Richmond Hts., Mo.
13a. FATHER'S NAME Michael Columbo		13b. MOTHER'S MAIDEN NAME Margaret Marnati	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Michael Columbo		Address 5418 Elizabeth Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			From birth
IMMEDIATE CAUSE (a) Intra cranial hemorrhage			
DUE TO (b) Prolonged Labor & Dystocia			
DUE TO (c) 760'0			
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>11/22/62</u> to <u>11/25/62</u> and last saw her/him alive on <u>11/24/62</u>			
Death occurred at <u>9:00 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Roy v. Baedeker, M.D. (Degree or title)		22b. ADDRESS 100 N. Euclid	
		22c. DATE SIGNED 11/27/62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 28, 1962	23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-27-62	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

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 James R. Dunn
Licensed Embalmer No. 4527

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.