

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XG# UNKNOWN

SL# 30115

133

=63-003441

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

FILED JAN 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN MIDDLETOWN	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) ROUTE 1	
3. NAME OF DECEASED (Type or print). First Middle Last GEORGE C. FIELD		4. DATE OF DEATH Month Day Year JANUARY 4, 1963	
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 10/8/03
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 59
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME S. W. FIELD		13b. MOTHER'S MAIDEN NAME DAISY SHARP	
14. NAME OF HUSBAND OR WIFE NEVER MARRIED		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) YES WW 2	
16. INFORMANT S. W. FIELD (BROTHER) SEE 2D		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction left Ventricle Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Thrombosis, Right Coronary Artery DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH
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 s.m. p.m.	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>12/28/62</u> to <u>1/4/63</u> and last saw <u>XX</u> him alive on <u>1/4/63</u> . Death occurred at <u>4:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Gilles H. Desmarais</i> GILLES H. DESMARAIS M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 1/5/63		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 7, 1963	23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.		25. DATE RECD. BY LOCAL REG. JAN 7 1963	
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

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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 R. W. Stover

Licensed Embalmer No. 4007

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.