

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008449

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1683**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED FEB 21 1963**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>1 Week</b>	c. CITY OR TOWN <b>Page Dale,</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis-Little Rock Hospitals, Inc.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>1318 Belvue</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Earl</b> Middle <b>Nathaniel</b> Last <b>Church</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>12,</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 9, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Leeper, Missouri</b>
13a. FATHER'S NAME <b>Charles E. Church</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Albertson</b>	14. NAME OF HUSBAND OR WIFE <b>Kathryn</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>yes W.W.#2</b>		16. SOCIAL SECURITY NO. <b>380</b>	17. INFORMANT <b>Kathryn Church 1318 Belvue</b> Address
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>① Tuberculosis of lungs (Far advanced)</b> <b>② Pulmonary infarcts</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>0021</b>
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 <b>Feb. 5, 1963</b> to <b>Feb. 12, 1963</b> and last saw <sup>her</sup> him alive on <b>Feb. 12, 1963</b> Death occurred at <b>7 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph L. Luendo M.D.</i> (Degree or title)		22b. ADDRESS <b>1755 So. Grand Blvd.,</b>	
22c. DATE SIGNED <b>2/15/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal 2-17-63</b>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
24. FUNERAL DIRECTOR <b>Greer-Gray &amp; Fitch</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 15 1963</b>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

MAR 13 1963

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 S. Aarson

Licensed Embalmer No. 5168

P. O. Address Wichita Falls, Texas

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.