

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013544

STATE FILE NUMBER

Registered District No. **318** Primary Registration District No. **1003** Registrar's No. **3565**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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4/20/63

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 32 days | c. CITY OR TOWN Flora Dell Hills |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5745 Ramsey Drive |
| 3. NAME OF DECEASED (Type or print) First Carlos Middle Melvin Last McAbee | | | 4. DATE OF DEATH Month March Day 26 Year 1963 |
| 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 8-30-1877 |
| 9. AGE (last birthday) 85 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Penner | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) Ashflat, Arkansas |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13. NAME OF FATHER'S NAME Not Known | |
| 14. MOTHER'S MAIDEN NAME Not Known | | 15. NAME OF HUSBAND OR WIFE wife- Susie | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 17. SOCIAL SECURITY NO. Susan McAbee - 5745 Ramsey Dr. | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Rectum | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 154x | | 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 type="checkbox"/> NO <input checked="" 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.) Feb 22, 1963 | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from 2-22-63 to 3-2 6-63 and last saw live on March 25, 1963 Death occurred at 3:26 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>H. Pennington M.D.</i> | | 22b. ADDRESS 1755 So Grand Ave | |
| 22c. DATE SIGNED 3-27-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | |
| 23b. DATE March 28, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis County Missouri | | 24. FUNERAL DIRECTOR Buchholz Funeral Home, St. Louis, Mo. | |
| 25. DATE RECD. BY LOCAL REG. MAR 28 1963 | | 26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i> | |

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis 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.