

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026409

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. **318**

SL-17198

6499

STATE FILE NUMBER

Registration District No. **318**

FILED JUN 28 1963

Primary Registration District No. **1003**

1003

Registrar's No. **6499**

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

SHOULD READ

ITEM NO.

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	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		Length of stay in 1b 2 HR 10 Min	c. CITY OR TOWN 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 (If outside, give location) 3453 MAGNOLIA AVE.
3. NAME OF DECEASED (Type or print) First WINFRED Middle N. Last SMITH		4. DATE OF DEATH Month JUNE Day 19 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 12-5-06
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 56
11. BIRTHPLACE (City and state or country) Bloomfield, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME THOMAS SMITH		13b. MOTHER'S MAIDEN NAME PEARL GREEN	14. NAME OF HUSBAND OR WIFE IVA L SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of serv) YES		17. INFORMANT Address IVA L. SMITH SEE 2 above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG METASTATIC DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 6 MO
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-19-63 to 6-19-63 and last saw him alive on 6-19-63 Death occurred at 12:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) SANFORD WOLFSON		22c. DATE SIGNED 6-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 21, 1963	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.
23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO		23e. DATE RECD. BY LOCAL REG. JUN 20 1963	
23f. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravoia		23g. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

Handwritten notes:
OK
Paul [unclear]
4/16/63

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165x

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 Eleanthovina

Licensed Embalmer No. 3403

P. O. Address 2906 green

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.