

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029848

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7759** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

FILED AUG 9 1963	
1. PLACE OF DEATH	
a. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b	
c. FULL NAME OF (IF NOT in hospital, give location) ALEXIAN BROTHERS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 6625 Marmaduke (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri COUNTY	
c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 6625 Marmaduke (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First JOSEPH Middle A Last DAY	
4. DATE OF DEATH JULY 26, 1963 Month JULY 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 5/12/1915
9. AGE (last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	
10b. KIND OF BUSINESS OR INDUSTRY Housing Project	
11. BIRTHPLACE (City and state or country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Day	
13b. MOTHER'S MAIDEN NAME Mary Amato	
14. NAME OF HUSBAND OR WIFE Alice Keller Day	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW # 2	
16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Alice Day 6625 Marmaduke Address	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease	
DUE TO (b) Arterio Sclerosis	
DUE TO (c) 420.0	
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 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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	
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 St. Louis COUNTY St. Louis STATE Mo	
21. I attended the deceased from June 1 1963 to July 26 and last saw ^{her} him alive on July 26-1963 Death occurred at 7 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B. J. Mc Ginnis M.D.	
22b. ADDRESS 16 Hampton Village Pkwy 7-1963	
22c. DATE SIGNED 7-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 7/30/63	
23c. NAME OF CEMETERY OR CREMATORY National	
23d. LOCATION (City, town, or county) Jefferson Barracks Mo. (State)	
24. FUNERAL DIRECTOR E. J. SCHNUR ADDRESS 3125 Lafayette	
25. DATE RECD. BY LOCAL REG. JUL 30 1963	
26. REGISTRAR'S SIGNATURE Ed Smith. 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 Robert M. Murray

Licensed Embalmer No. 3749

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.

DR. J. M. GINNIS
MON. 1-5-16
8 0 - 0 4
16 HAMPTON VILL. PLAZA
No. 9