

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7297 STATE FILE NUMBER 63-030380

FILED JUL 19 1963

VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
		<u>ST. LOUIS</u>				<u>MO.</u>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>DEACONESS HOSPITAL</u>						<u>6025 So. GRAND</u>			
3. NAME OF DECEASED (Type or print) First Middle Last						4. DATE OF DEATH Month Day Year			
<u>SALIM THAIER</u>						<u>JULY 14 1963</u>			
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)	
<u>MALE</u>		<u>WHITE</u>				<u>JULY 15, 1889</u>		<u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>RETIRED PARK EMPLOYEE</u>						<u>LEBANON SYRIA</u>		<u>U-S-A</u>	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
						<u>LATIFA THAIER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address			
<u>NO</u>						<u>JAMES THAIER 6025 So. GRAND</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a)		<u>Acute myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
DUE TO (b)		<u>Coronary atherosclerotic heart disease 10 yrs</u>							
DUE TO (c)		<u>4201</u>							
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 s.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 <u>3-24-49</u> to <u>7-14-63</u> and last saw ^{her} him alive on <u>7-14-63</u> . Death occurred at <u>330 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title)						22b. ADDRESS		22c. DATE SIGNED	
<u>James A. M. [Signature]</u>						<u>634 N. Grand Blvd.</u>		<u>7-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<u>BURIAL</u>		<u>JULY 17, 1963</u>		<u>ST. PETER + PAUL CEM.</u>		<u>ST. LOUIS</u>		<u>MO.</u>	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
<u>Thomas Kutz 2906 Gravois</u>				<u>JUL 15 1963</u>		<u>Ward Smith. M.D.</u>			

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 *Boley Thompson*

Licensed Embalmer No. 4867

P. O. Address St. Louis 19, 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. James Murphy, Mo. Health Bldg
130-430 Mon
Dec 1-1950*