

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034361

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2356

DO NOT WRITE ON THIS STUB  
 AMENDED

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 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                                                                                                                                                      |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>                     |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Normandy</u>                                                                                                                                                         |                                                                                                           | Length of stay in 1b<br><u>7 yrs.</u>                                                                                                                       | c. CITY OR TOWN<br><u>Normandy</u>                                                                                                                                   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>8216 Evarts</u>                                                                                                                                    |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br><u>8216 Evarts</u>                                                                                                  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>CURTIS</u> Middle <u>CORNELIUS</u> Last <u>FAIN</u>                                                                                                                               |                                                                                                           | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>24</u> Year <u>1963</u>                                                                                        |                                                                                                                                                                      |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                | 6. COLOR OR RACE<br><u>White</u>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/11/1911</u>                                                                                                                                 |
| 9. AGE (last birthday)<br><u>52</u>                                                                                                                                                                                                  |                                                                                                           | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                                                  | IF UNDER 24 HR<br>Hours _____ Min. _____                                                                                                                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Contractor</u>                                                                                                                     |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Bldg. Const.</u>                                                                                                    | 11. BIRTHPLACE (City and state or country)<br><u>Illinois</u>                                                                                                        |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                                                                                                                                                                            |                                                                                                           | 13a. FATHER'S NAME<br><u>Edward Fain</u>                                                                                                                    |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME<br><u>Clara Williams</u>                                                                                                                                                                                   |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Alcie McCoy</u>                                                                                                      |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>No</u>                                                                                                                                                       |                                                                                                           | 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>                                                                                                                | 17. INFORMANT<br>Address<br><u>Mary Alice Fain 8216 Evarts</u>                                                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Ca of lung, left</u>                                                                                                    |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u>                                                                                                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                                                                                   |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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>1952</u> to <u>7-24-63</u> and last saw her/him alive on <u>7-16-63</u><br>Death occurred at <u>5:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)                                                                                                                                                                               |                                                                                                           | 22b. ADDRESS<br><u>3654 S Grand</u>                                                                                                                         | 22c. DATE SIGNED<br><u>7-24-63</u>                                                                                                                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>                                                                                                                                                                          | 23b. DATE<br><u>7/26/63</u>                                                                               | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>                                                                                               | 23d. LOCATION (City, town, or county)<br><u>St. Louis Mo.</u>                                                                                                        |
| 24. FUNERAL DIRECTOR<br><u>Cullen &amp; Kelly</u> ADDRESS<br><u>7267 Natural Bridge</u>                                                                                                                                              |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><u>7-25-63</u>                                                                                                              | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                                                                                                                      |

**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 A. Leuners*

Licensed Embalmer No.

*4142*

P. O. Address

*St Louis*

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.