

MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH

63-038481

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2841

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O'Sullivan Nursing Home		d. STREET ADDRESS (If outside, give location) 729 Westgate Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Alvin U Staples			4. DATE OF DEATH Month 9 Day 11 Year 63
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/19/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Structuric Operator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 90
11. BIRTHPLACE (City and state or country) Breakenridge, Ky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Stapless		13b. MOTHER'S MAIDEN NAME Marlow	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Virginia Harrison 729 Westgate	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 30 yrs
DUE TO (b) Arterio-sclerotic Cardio-Vascular Disease			
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. <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"/> NO NE	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.	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 June 1963 , to 9-11-63 and last saw her/him alive on 9-3-63 Death occurred at 5:50 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Allen M. Dearnery MD		22b. ADDRESS 860 N Woodlawn	22c. DATE SIGNED 9-11-63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/13/63	23c. NAME OF CEMETERY OR CREMATORY Marrissa, Illinois	23d. LOCATION (City, town, or county) Marrissa, Illinois
24. FUNERAL DIRECTOR Edward Fendler		ADDRESS 5611 South Grand Blvd.	25. DATE RECD. BY LOCAL REG. 9-11-63
			26. REGISTRAR'S SIGNATURE John B. Murphy MD

VS 300
Rev. 4/59

14000
24006

3
4 0
5 3
6
7 1
8 2
9422.1

10
11
12 86-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1000
1004
0
2
-
2
0-28

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 Harry E. Monroe

Licensed Embalmer No. 4495

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.