

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10644-63-042020
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILE OCT 31 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1						
2 4018						
3						
4 0						
5 0						
6						
7 0						
8 2						
9						
10						
11						
12 55-0						
13						
55	SHOULD READ	ITEM NO.				

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		Length of stay in 1b 12 Hours	c. CITY OR TOWN Bridgeton Mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hospital for children		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 12057 Providence
3. NAME OF DECEASED (Type or print) First David Middle Lee Last Schwartz		4. DATE OF DEATH Month 10- Day 24 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (last birthday) 4 yrs
13a. FATHER'S NAME David L.		13b. MOTHER'S MAIDEN NAME Leona (Craig)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, No or unknown) (If yes, give war or dates of service) No		17. INFORMANT David Lee Schwartz Sr. 12057 Providence	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute leukemia			INTERVAL BETWEEN ONSET AND DEATH 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2043			
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"/>	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 Feb 1960 to 10/24/63 and last saw him alive on 70/24/63 Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul C. Byrne MD		22b. ADDRESS 421 Bayless (23)	22c. DATE SIGNED 10/25/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/28/63	23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemery	
24. FUNERAL DIRECTOR Colliers Mortary St. Ann Mo.		23d. LOCATION (City, town, or county) (St. Ann Mo.)	
ADDRESS _____		25. DATE RECD. BY LOCAL REG. OCT 26 1963	REGISTRAR'S SIGNATURE Paul Smith. M.D.

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 Sheldon C. Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann, 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.