

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042062

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10507 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>208</u>	
3	
4 <u>D</u>	
5 <u>1</u>	
6	
7 <u>D</u>	
8 <u>1</u>	
9	
10	
11 <u>000</u>	
12 <u>90-3</u>	
13	
<u>91</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1048 Bittner Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 8009 Church Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
WILLIAM R. SMITH

4. DATE OF DEATH Month Day Year
October 19th, 1963

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3/1/15 9. AGE (last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman 10b. KIND OF BUSINESS OR INDUSTRY Sperry Rail Service 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Smith 13b. MOTHER'S MAIDEN NAME Margaret O'Neill 14. NAME OF HUSBAND OR WIFE Dolores Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Dolores Smith, 8009 Church

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac arrest as a result of electrocution
 (b) suffered when aerial being removed by deceased
 (c) came in contact with high tension wire in vicinity of 1048 Bittner about 11:50 A.M. October 19, 1963.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. 914.0-22 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour Month, Day, Year
11:50 p.m. 10-19-63

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard 20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis, Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 10-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10/23/63 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS EMIL J. HEITZENROEDER, 8319 Hallsferry 25. DATE RECD. BY LOCAL REG. OCT 22 1963 26. REGISTRAR'S SIGNATURE Paul 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 James Binkley

Licensed Embalmer No. 3653

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.