

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042079

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10463**

STATE FILE NUMBER

FILED OCT 31 1963

VS 300
Rev. 4/59

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DATE AMENDED *10-31-63*

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Funeral Director*

33c. Washington Park Cemetery Greenwood Cemetery

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b LIFE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. HOMER G. PHILLIPS		d. STREET ADDRESS (If outside, give location) 3953 Kennerly	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last DONALD STEEPLES			4. DATE OF DEATH Month Day Year OCTOBER 18, 1963
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/5/56
9. AGE (last birthday) 7		IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HR Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ROBERT HALEY		13b. MOTHER'S MAIDEN NAME DAISY STEEPLES	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT DAISY STEEPLES, 3953 Kennerly		Address	
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; Acute Pulmonary Edema DUE TO (b) Subsequent to Status Epilepticus DUE TO (c) 353.2			INTERVAL BETWEEN ONSET AND DEATH
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 _____, to _____, and last saw her/him alive on _____ Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph J. Gates, Jr.</i> (Degree or title)		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10-21-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/25/63	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
24. FUNERAL DIRECTOR CHARLES J. GATES, JR., 4107 Finney		25. DATE RECD. BY LOCAL REG. OCT 21 1963	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

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Handwritten signature and notes

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 *Rayton Swain*
Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.