

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045437

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11374** STATE FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 3624a Iowa	
3. NAME OF DECEASED (Type or print) First Thomas Middle Kurt Last Firle		4. DATE OF DEATH Month 11 - Day 17 - 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 11-17-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.
13a. FATHER'S NAME Johnny Adolph Firle		13b. MOTHER'S MAIDEN NAME Carolyn June Naeser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Carolyn June Firle		Address 3624a Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fatal anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Congenital Anomalies DUE TO (c) 759.3			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 11-17-63 to 11-17-63 and last saw her/him alive on 11-17-63 Death occurred at 10:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Shoyla Brunson MD		22b. ADDRESS 3684 So Grand	
22c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		22d. LOCATION (City, town, or county) St. Louis, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/19/63	
24. FUNERAL DIRECTOR Gebken Sons		25. DATE RECD. BY LOCAL REG. NOV 18 1963	
26. REGISTAR'S SIGNATURE Lois Smith, M.D.		27. DATE SIGNED 11/18/63	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

1

2 **2/5**

3

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65

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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~~ not embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Robert J. Getken

Licensed Embalmer No. 4144

P. O. Address 2130 Grandis

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.