

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

MS-046309
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3332

FILED DEC 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 4000				
2 216				
3 2				
4 0				
5 0				
6 70				
8 1				
9				
10				
11				
12 49-0				
13				
48	BY AFFIDAVIT OF			
USE BLACK INK OR TYPEWRITER RIBBON				
SHOULD READ				
ITEM NO.				

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO. Length of stay in 1b 55 DAYS		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3014 MINNESOTA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last PATRICK --- E. CONDON			4. DATE OF DEATH Month Day Year OCTOBER 29, 1963
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 1-23-88
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MESSENGER		9b. KIND OF BUSINESS OR INDUSTRY WESTERN UNION	9c. AGE (last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MESSENGER		10b. KIND OF BUSINESS OR INDUSTRY WESTERN UNION	10c. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
11a. FATHER'S NAME PATRICK CONDON		11b. MOTHER'S MAIDEN NAME JOSEPHINE MILTA (Milton)	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? YES		12b. SOCIAL SECURITY NO. WW-1	
13a. FATHER'S NAME PATRICK CONDON		13b. MOTHER'S MAIDEN NAME JOSEPHINE MILTA (Milton)	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? YES		14b. SOCIAL SECURITY NO. WW-1	
15. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH 24-48 hrs	
DUE TO (b) GENERALIZED INANITION		CHRONIC	
DUE TO (c) CARCINOMA OF LIVER		156.1 CHRONIC	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS DIVERTICULOSIS COLI		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 checked="" type="checkbox"/> NO <input 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 9-4-63 to 10-29-63 and VA HOSP. JEFF. BRKS. MO. Death occurred at 10:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John Mueller M.D.</i>		22b. ADDRESS VA HOSP. JEFF. BRKS. MO.	
22c. DATE SIGNED 10-29-63		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, or other disposal (Specify)	23b. DATE 10/31/63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. LOCATION (State)	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC. 3620 Chippewa St.		25. DATE RECD. BY LOCAL REG. 10-30-63	
26. REGISTRAR'S SIGNATURE <i>John Mueller M.D.</i>		27. REGISTRAR'S SIGNATURE	

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 _____

Licensed Embalmer No. 4520

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.