

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046521

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3702

FILED DEC 16 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		Length of stay in 1b 10 days	c. CITY OR TOWN MISSOURI
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BOX 646, RT. 2
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS O'ROURKE		4. DATE OF DEATH Month Day Year NOV. 30, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-20-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 77
11a. FATHER'S NAME UNKNOWN O'ROURKE		11b. MOTHER'S MAIDEN NAME UNKNOWN CODY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY USA	
13. SOCIAL SECURITY NO.		17. INFORMANT Fenton, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 9 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) a) Emphysema; b) Kyphoscoliosis - severe	
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 <u>1-24-63</u> to <u>11-30-63</u> and last saw him alive on <u>11-30-63</u> Death occurred at <u>7:55</u> P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.B. Seabrey</i> (Degree or title) MD.		22b. ADDRESS 506 Meramec St. Rd. Valley Park Mo	
22c. DATE SIGNED 12-3-63		22d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/4/63	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY	
24. FUNERAL DIRECTOR ADDRESS PFITZINGER MORTUARY, KIRKWOOD, MO.		25. DATE RECD. BY LOCAL REG. 12-4-63	25. REGISTRAR'S SIGNATURE <i>John B. Amisley</i> MD.

USE BLACK INK OR TYPEWRITER RIBBON

YOU OF

2018
11-23

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STATEMENT BY LICENSED EMBALMER

9-44

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 *[Handwritten Signature]*

Licensed Embalmer No. 104366

P. O. Address *[Handwritten Address]*

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.