

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049224

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12731**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 6 1964

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in lb 17 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		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 St. Louis Chronic				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2108 Stansbury				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First Daniel Middle Bandy Last			4. DATE OF DEATH Month 12 Day 19 Year 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 1-7-1890		9. AGE (last birthday) 73 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Salesman				10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (City and state or country) Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.											
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Jennie Weed				14. NAME OF HUSBAND OR WIFE Ruth				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. 9				17. INFORMANT Virginia Culbertson, San Jose, Calif 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) Acute Pulmonary Infarction DUE TO (b) Embolism DUE TO (c) Thrombosis of Inferior Vena Cava PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Sclerotic Lesions 466x 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												INTERVAL BETWEEN ONSET AND DEATH ?											
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 Month, Day, Year a.m. p.m.		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 12-2-63 to 12-19-63 and last saw her/him alive on 12-19-63 Death occurred at 1:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE (Degree or title) G. M. Jankov, M.D.						22b. ADDRESS 5600 Arsenal						22c. DATE SIGNED 12/20/63 (State)											
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/23/63		23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery				23d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)															
24. FUNERAL DIRECTOR McLaughlin's, 2301 Lafayette ADDRESS						25. DATE RECD. BY LOCAL REG. DEC 23 1963		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.															

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. 4552

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.