

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044616

FILED VS NOV 28 1960 317

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3256 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in lb 11 yrs.		c. CITY OR TOWN Richmond Hgts.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1009 Yale Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1009 Yale Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD VERNON UMFLEET				4. DATE OF DEATH Month Day Year Nov. 7th 1960									
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 May 22, 1926		9. AGE (last birthday) 34		IF UNDER 1 YEAR Months 5 Days 16 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, or if retired) Shipping Foreman				10b. KIND OF BUSINESS OR INDUSTRY Thompson Prod. Co.		11. BIRTHPLACE (City and state or country) Flat River, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Gus Umfleet				13b. MOTHER'S MAIDEN NAME Minnie Hildebrand				14. NAME OF HUSBAND OR WIFE -----					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 492-20-7874		17. INFORMANT Address Minnie Perry 1009 Yale Ave.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Bronchial asthma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 12 hours over 5 years			
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 May 11, 1957 to Nov 7, 1960 and last saw him alive on Sept 17, 1960 Death occurred at about 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Lewis L. Lurmann MD (Degree or title)				22b. ADDRESS 8231 Clayton Rd (17)				22c. DATE SIGNED 11/9/60 (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 10, 1960		23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery				23d. LOCATION (City, town, or county) Farmington, Mo.					
24. FUNERAL DIRECTOR A. H. BOCKLAGE 6536 Clayton Road. ADDRESS				25. DATE RECD. BY LOCAL REG. 11-9-60				26. REGISTRAR'S SIGNATURE J. C. Mumfley M.D.					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Remick

Licensed Embalmer No. 428
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.