

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.

PRIMARY REGISTRATION DISTRICT NO.

REGISTRAR'S NO

79 301368

VS 300
Rev. 178

DECEDENT

IF DEATH
CURRED IN
STITUTION
HANDBOOK
REGARDING
MPLETION OF
DENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

| | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|---|--|
| DECEDENT-NAME | | FIRST | | MIDDLE | | LAST | | SEX | | DATE OF DEATH (Mo., Day, Yr.) | |
| 1 Paul | | W. | | Douthit | | 2 Male | | 3 March 7, 1979 | | | |
| RACE - (e.g. White, Black, American Indian, etc.) (Specify) | | AGE - Last Birthday (Yrs.) | | UNDER 1 YEAR | | UNDER 1 DAY | | DATE OF BIRTH (Mo., Day, Yr.) | | COUNTY OF DEATH | |
| 4 White | | 5a 56 | | 5b MOS. DAYS | | 5c HOURS MINS. | | 6 May 1, 1922 | | 7a St. Louis | |
| CITY, TOWN OR LOCATION OF DEATH | | | | HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) | | | | | | | |
| 7c Creve Coeur | | | | 7c St. John's Marcy Hospital | | | | | | | |
| STATE OF BIRTH (If not in U.S.A. name country) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | SURVIVING SPOUSE (If wife, give maiden name) | | WAS DECEDENT EVER IN U.S. ARMED FORCES? | | | |
| 8 Missouri | | 9 U.S.A. | | 10 Married | | 11 Theresa Dale | | 12 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SOCIAL SECURITY NUMBER | | | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | KIND OF BUSINESS OR INDUSTRY | | | |
| 13 486-20-9634 | | | | 14a Carpenter | | | | 14b | | | |
| RESIDENCE - STATE | | COUNTY | | CITY, TOWN OR LOCATION AND ZIP CODE | | STREET AND NUMBER | | INSIDE CITY LIMITS (Specify Yes or No) | | | |
| 15a Missouri | | 15b St. Louis | | 15c Maryland Heights | | 15d 2949 Daley | | 15e yes | | | |
| FATHER NAME - FIRST MIDDLE LAST | | | | MOTHER - MAIDEN NAME - FIRST MIDDLE LAST | | | | | | | |
| 16 Clifford Douthit | | | | 17 Martha Byinghall | | | | | | | |
| INFORMANT - NAME (Type or Print) | | | | MAILING ADDRESS - STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP | | | | | | | |
| 18a Mrs. Theresa Douthit | | | | 18b 2949 Daley St. Louis, Missouri 63043 | | | | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE | | | | CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE | | | | | | | |
| 19a Burial March 9, 1979 | | | | 19b National Cemetery | | | | 19c Jefferson Barracks, Mo. | | | |
| FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) NUMBER | | | | NAME OF FACILITY ADDRESS OF FACILITY | | | | | | | |
| 20a <i>[Signature]</i> 3262 | | | | 20b Drehmann-Harral, Inc. | | | | 20c St. Louis, Missouri 63121 | | | |
| REGISTRAR | | | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | | | | | | |
| 21a <i>[Signature]</i> | | | | 21b Mar 8, 1979 | | | | | | | |
| 22a To the best of my knowledge, death occurred at the time, date and place and due to cause(s) stated (Signature and Title) <i>[Signature]</i> M.D. | | | | 23a On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> | | | | | | | |
| DATE SIGNED (Mo., Day, Yr.) | | | | HOUR OF DEATH | | | | | | | |
| 22b Feb. 12, 1979 | | | | 22c 11:00 A. M | | | | | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 23b PRONOUNCED DEAD (Mo., Day, Yr.) | | | | 23c PRONOUNCED DEAD (Hour) | | | |
| 22d | | | | 23d ON | | | | 23e AT M | | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) | | | | | | | | MO. LICENSE NO. | | IF HOSP. OR INST. Indicate DOA OP/ Emer. Rm. Inpatient (Specify) | |
| 24a Emil F. Miskowsky M.D., 12255 De Paul Dr., Bridgeton, Mo. | | | | | | | | R 2464 | | 25 | |
| 26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | | | | | |
| PART I | | | | | | | | | | | |
| (a) <i>Coronary overhypertension and shock</i> | | | | | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| (b) <i>Coronary heart disease</i> | | | | | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| (c) | | | | | | | | | | | |
| PART II | | | | | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) | | | | | | | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) | |
| Recent acute myocardial Infarction (12-14-78) + ARDS. | | | | | | | | 27. NO | | 28. No | |
| ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | | | | | |
| 29a | | 29b | | 29c M | | 29d | | | | | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | LOCATION | | (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) | | | | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS | |
| 29e | | 29f | | 29g | | | | | | 30. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |

ST. LOUIS COUNTY
DEPARTMENT OF COMMUNITY HEALTH AND MEDICAL CARE
801 So. Brentwood Blvd.
SPRINGFIELD, MISSOURI 65810

(Do not accept if rephotographed or if seal impression cannot be felt.)

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(Chap. 193.380 RSMo 1969)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Community Health and Medical Care, this date of

John C. Murphy M.D.

John C. Murphy, M.D., Registrar of Vital Statistics
and Associate Director of Primary Health Care

MAR 15 1979

Date _____

Per