

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-011841

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 641

FILED VS MAR 14 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

1. PLACE OF DEATH a. COUNTY: ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES		Length of stay in 1b YRS.	c. CITY OR TOWN WEBSTER GROVES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 715 HOLLAND		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 715 HOLLAND AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRIET Middle ASHCRAFT Last ASHCRAFT			4. DATE OF DEATH Month MARCH Day 1 Year 1961
5. SEX F	6. COLOR OR RACE N	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH unk.
9. AGE (last birthday) 84 YRS.		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LEVENWORTH, KANSAS
12. CITIZEN OF WHAT COUNTRY UNITED STATES		13a. FATHER'S NAME unk.	13b. MOTHER'S MAIDEN NAME unk.
14. NAME OF HUSBAND OR WIFE unk.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unk.
17. INFORMANT NIECE		Address 715 HOLLAND 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) ACUTE MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 2/24/61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE + ARTERIOSCLEROTIC HEART DISEASE			3/1/61
DUE TO (c) _____			
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 checked="" 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 2/24/61 to 3/1/61 and last saw her alive on 3/1/61 Death occurred at 9:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Angelo A. Speno M.D. (Degree or title)		22b. ADDRESS 9313 MANCHESTER RD.	22c. DATE SIGNED 3/2/61
23a. BURIAL, CREMATION REMAINS (Specify) Anatomical	23b. DATE 3/1/61	23c. NAME OF CEMETERY OR CREMATORY BARNES HOSP.	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
24. FUNERAL DIRECTOR ADDRESS LEWIS FUN. HOME 22 EUCLID, WEBSTER GROVES		25. DATE RECD. BY LOCAL REG. 3-2-61	26. REGISTRAR'S SIGNATURE John C. Murphy

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. _____

P. O. 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.