

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-042925

AMENDED **FILED DEC 12 1961** Primary Registration District No. **318** Registrar's No. **11096** STATE FILE NUMBER **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 27 YRS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5263 WATERMAN AVE
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DOROTHY Middle LUCILLE Last STINE			4. DATE OF DEATH Month NOV. Day 27 Year 1961		
5. SEX FEMALE	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 7-13-18	9. AGE (last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY DRAPERY	11. BIRTHPLACE (City and state or country) NASHVILLE, TN	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME ALBERT KOENIG		13b. MOTHER'S MAIDEN NAME MARGARET LINCOLN		14. NAME OF HUSBAND OR WIFE LEONARD	

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. ---	17. INFORMANT MISS ROSALIE SCHLENSKER	Address 9216 Millland OBERLAND
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH NO
IMMEDIATE CAUSE (a)	Respiratory failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Septicemia	
	DUE TO (c)	Postoperative wound infection. 1904	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malignant melanoma left neck		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	
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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 **10-20-61** to **11-27-61** and last saw her alive on **11-27-61**
Death occurred at **4:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ronald M. Turner, M.D.	22b. ADDRESS 307 S. Euclid St. - Louis, Mo.	22c. DATE SIGNED 11-28-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-29-61	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS	23d. LOCATION (City, town, or county) (State) OKAWVILLE, ILL.
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24. FUNERAL DIRECTOR JOHN KASSLY	ADDRESS EAST of Louis Ill	25. DATE RECD. BY LOCAL REG. NOV 29 1961	26. REGISTRAR'S SIGNATURE Ronald M. Turner, M.D.
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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 by me
or by *Not Embalmed*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Joseph J. Kassaly*

Licensed Embalmer No. 7541

P.O. Address *St. Louis*

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.