

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012516

STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. **3515**

FILED APR 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 **209**
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4 **1**
5 **2**
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7 **1**
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12 **76-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 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 Chronic Hosp.				Institution Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1929 E. Warne				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ellen Middle Last Bush						4. DATE OF DEATH Month 3 Day 29 Year 62					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-23-05		9. AGE (last birthday) 56		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown				10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Ind.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Henry Ayers				13b. MOTHER'S MAIDEN NAME Mary ? Unknown				14. NAME OF HUSBAND OR WIFE Unknown			
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.		17. INFORMANT St Vincent de Paul 414 Lindell		Address			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bronchopneumonia bilateral 5 days DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma Lung Volvulus sigmoid											
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 checked="" 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 3-27-62 to 3-29-62 and last saw her/him alive on 3-29-62						Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Typed or title) H. Wittler MD						22b. ADDRESS Chronic Hospital		22c. DATE SIGNED 3/30/62			
23a. BURIAL/CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/3/62		23c. NAME OF CEMETERY OR CREMATORY Pelvary Cemetery		23d. LOCATION (City, town, or county) St Louis Mo					
24. FUNERAL DIRECTOR Cullen Kelly				ADDRESS 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. APR 3 1962		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.			

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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. *Not Embalmed*

Student _____
Signature of Student Embalmer

Signed *James A. Lawrence*

Licensed Embalmer No. 4142

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.