

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3610**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP St. Louis, Missouri		c. CITY OR TOWNSHIP Granite City, Ill.	
Length of stay in 1b 6 Days		d. STREET ADDRESS (If outside, give location) 4027 Alton Road	
3. NAME OF DECEASED (Type or print) First Middle Last Marion Karl Gerstenschlager		4. DATE OF DEATH Month Day Year 4 5 62	
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 6-18-59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Rolla, Missouri
13a. FATHER'S NAME Marion G. Gerstenschlager		13b. MOTHER'S MAIDEN NAME Barbara Collie	14. NAME OF HUSBAND OR WIFE Single
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. None	
17. INFORMANT Alice Trowbridge		Address 500 S. Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Respiration arrest DUE TO (b) Massive Hematemesis Compulsive Esoph DUE TO (c) Acute Lymphocytic Leukemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 204.3			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 3-30-62 to 4-5-62 and last saw him alive on 4-5-62 Death occurred at 12:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marion Gerstenschlager MD		22b. ADDRESS St. Louis, Mo. 500 S. Kingshighway,	
22c. DATE SIGNED 4-5-62		23. LOCATION (City, town, or county) (State) FARMINGTON Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/7/62	23c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY	
24. FUNERAL DIRECTOR ADDRESS P. Caldwell & Son's Flat River, Mo.		25. DATE RECD. BY LOCAL REG. APR 5 1962	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

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MAY 15 1962

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

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.