MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013002
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3124

FILED APR 6 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.

Length of stay in Ib 18 Yrs.

c. CITY OR TOWN St. Louis

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1644 Texas

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EULA Middle Last MIRELES

4. DATE OF DEATH Month March Day 21, Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/15/21

9. AGE (last birthday) 40

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Russellville, Ark.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ernest Ward

13b. MOTHER'S MAIDEN NAME Bertie Ashcraft

14. NAME OF HUSBAND OR WIFE Bonifacio Mireles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Es(Unk)

17. INFORMANT Bonifacio Mireles, 1644 Texas, St. Louis, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis – Nutritional

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 581.0

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3-6-62, to 3-21-62 and last saw her him alive on 3-21-62

Death occurred at 7:55 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ward L. Seals (Degree or title) M.D.

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 3/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/24/62

23c. NAME OF CEMETERY OR CREMATORY St. Matthews

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR McLaughlin, ADDRESS 2301 Lafayette, St. Louis

25. DATE RECD. BY LOCAL REG. MAR 23 1962

26. REGISTRAR'S SIGNATURE Ward Smith, M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	22	3	
3			
4	/		
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6			
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9			
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11			
12	75-0		
13			

75

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed H. G. Farris
Signature of Student Embalmer

Licensed Embalmer No. 3384

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.