

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016625

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4473

FILED MAY 10 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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		c. CITY OR TOWN ST. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSP		d. STREET ADDRESS (If outside, give location) 5302 PENNSYLVANIA	
3. NAME OF DECEASED (Type or print) ANNETTE BROWN		4. DATE OF DEATH Month APRIL Day 29 Year 1962	
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 12-18-1887
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) MISSOURI
13a. FATHER'S NAME WILLIAM WOODFIN		13b. MOTHER'S MAIDEN NAME EMMA VERHINE	14. NAME OF HUSBAND OR WIFE HARVEY BROWN (DECD)
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 MARIE HOBATH Address 5300 PENNSYLVANIA
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 24 hr.s
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic coronary occlusion			24 hrs.
DUE TO (c) 4201.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic hypertensive cardiovascular disease			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 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 9:10 a. Month, Day, Year 12-3-56	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 12-3-56 to 4-29-62 and last saw her/him alive on 4-29-62 Death occurred at 9:10 a. 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS M.D. 634 N. Grand Blvd.	22c. DATE SIGNED 5-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 3, 1962	23c. NAME OF CEMETERY OR CREMATORY SONSET BURIAL PARK	23d. LOCATION (City, town, or county) (State) ST. Louis Mo Mo
24. FUNERAL DIRECTOR Thomas Kuts ADDRESS 2906 Morris		25. DATE RECD. BY LOCAL REG. MAY 1 1962	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

File # 43-3-1-12

1
2 **2159**
3
4 **1**
5 **2**
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7 **0**
8 **1**
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12 **58-0**
13

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 *Coody H. Hoopes*
Licensed Embalmer No. 4861

P. O. Address Blay to - 5/140

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.

Dr. Clarence Mueller
No. 11200 Bluff
833-7469
230 - 4200 Ave.