MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-016663
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3837

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2	4	4/12
3			
4	1		
5	0		
6			
7	0		
8	1		
9			
10			
11			
12	55-0		
13			
	55		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 25 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give HOSPITAL OR INSTITUTION): Hospital Cardinal Glennon Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: 3554 ~~606 Kingsbury~~ California (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Janet Middle: Lynne Last: Casper
4. DATE OF DEATH: Month: 4 Day: 10 Year: 62
5. SEX: White
6. COLOR OR RACE: Female
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-14-61
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: 4½ mos. Days: Hours: Min.
IF UNDER 24 HR: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Paul J Casper
13b. MOTHER'S MAIDEN NAME: Shirley J Edwards
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: Paul Casper Address: 3554 California,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 4½ mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hepatic Failure — 3 mo
DUE TO (c): Congenital Biliary Atresia — 4½ mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 756.2

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 10 30 am to 11 05 AM and last saw her/him alive on 11 00 AM 4/10/62
Death occurred at 11 05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas H. Sullivan M.D.
22b. ADDRESS: Card. Glennon Hosp.
22c. DATE SIGNED: 4/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/13/62
23c. NAME OF CEMETERY OR CREMATORY: Mount Hope
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: McLaughlin, ADDRESS: 2301 Lafayette, St. Louis Mo
25. DATE RECD. BY LOCAL REG.: APR 11 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

OK Helen L. Taylor Coroner 4-11-62

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 James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St Louis 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.