

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016721

318

1003

4451

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 10 1962

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59.  
1  
2 207  
3  
4 1  
5 1  
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7 0  
8 2  
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11  
12 90-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

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) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb Life	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 5619 Goodfellow		d. STREET ADDRESS (If outside, give location) 5619 Goodfellow	
3. NAME OF DECEASED (Type or print) First Middle Last Cecelia De Blaze		4. DATE OF DEATH Month Day Year April 29th., 1962	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/1/1899
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Mathew Glon	
13b. MOTHER'S MAIDEN NAME Veronica Gasta		14. NAME OF HUSBAND OR WIFE Mr. Charles DeBlaze	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Charles DeBlaze, 5619 Goodfellow		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) <i>Oat Cell Carcinoma metastasis to brain</i> DUE TO (b) <i>Oat cell Carcinoma Lung</i> DUE TO (c) <i>162.1</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i> <i>11 mos</i>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 <i>9-19-58</i> to <i>4-29-62</i> and last saw her/him alive on <i>4-11-62</i> . Death occurred at <i>12:55 pm.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. Hachmeyer M.D.</i>		22b. ADDRESS <i>4065 S. Grand</i>	
22c. DATE SIGNED <i>4-30-62</i>		22d. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5/3/1962</i>	
23c. LOCATION (City, town, or county) <i>St. Louis, Missouri</i>		23d. (State)	
24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 1 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>		ADDRESS <i>3840 Lindell Blvd.</i>	

Dr. R. Hackmeyer  
4065 So. Grand Blvd. Ft. 3-11131

1304

**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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.