

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4474-62-017255  
STATE FILE NUMBER

318 1003  
Registration District No. Primary Registration District No.

DO NOT WRITE ON THIS STUB

AMENDED

Registrar's No.

FILED MAY 10 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>Saint Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5740 Kingsbury</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5740 Kingsbury</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <b>Edna</b> Middle <b>E.</b> Last <b>Shipley</b>			4. DATE OF DEATH Month <b>4</b> Day <b>28</b> Year <b>62</b>			5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/14/11</b>		9. AGE (last birthday) <b>50</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>				11. BIRTHPLACE (City and state or country) <b>Tennessee</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Mayo</b>				13b. MOTHER'S MAIDEN NAME <b>Ollie</b>				14. NAME OF HUSBAND OR WIFE <b>David Austin Shipley</b>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT <b>David A. Shipley</b>				Address <b>5740 Kingsbury</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL METASTASES</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>UNDIFFERENTIATED CARCINOMA OF UNDETERMINABLE PRIMARY SITE</b>										INTERVAL BETWEEN ONSET AND DEATH <b>7 WEEKS</b>									
DUE TO (c)																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>199.2</b>								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.				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 <b>NOV. 1, 1960</b> to <b>APRIL 28, 1962</b> and last saw her/him alive on <b>APRIL 28, 1962</b> Death occurred at <b>1:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>Herbert Sweet M.D.</i>						22b. ADDRESS <b>634 N. Grand</b>			22c. DATE SIGNED <b>5-1-62</b>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/2/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>											
24. FUNERAL DIRECTOR <b>Calvin F. Feutz</b>				ADDRESS <b>4828 Natural Bridge Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 1 1962</b>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>									

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
20 5 1962  
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
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Dr. Herbert Sweet  
634 N. Grand ..... OL 2-7360  
Hours:

MON. —  
Tues. 3 - 6 P.M.

Professional Office maintained at home

**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 John A. Mlinar  
Licensed Embalmer No. 4186

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.