MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021312
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1548

FILED MAY 28 1962

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND HEIGHTS — Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSP — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN UNIVERSITY CITY — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 7345 WESTMORLAND — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: DR PAUL Middle: FRANKLIN Last: FLETCHER
4. DATE OF DEATH Month: MAY Day: 21 Year: 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/24/1904
9. AGE (last birthday): 57
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): DOCTOR
10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL
11. BIRTHPLACE (City and state or country): SHERIDAN WYOMING
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: THOMAS FLETCHER
13b. MOTHER'S MAIDEN NAME: MARGARET COLLINS
14. NAME OF HUSBAND OR WIFE: MARGARET FLETCHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W W II
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DR J. MUDD Address: 7345 WESTMORLAND

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulm. Edema. Healed R.K. Mitral Valvulitis
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 1959 to 5/21/62 and last saw her/him alive on 5/21/62
Death occurred at about 7:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Edward S. Cornello
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 5/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 5/23/1962
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM
23d. LOCATION (City, town, or county) ST. LOUIS (State) MO
24. FUNERAL DIRECTOR STOCK MORTUARY ADDRESS 8895 BRENTWOOD
25. DATE RECD. BY LOCAL REG. 5-22-62
26. REGISTRAR'S SIGNATURE John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4005		
2	4006		
3	2		
4	0		
5	1		
6			
7	1		
8	1		
9	4201		
10			
11			
12	46-0		
13			

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_____
Signature of Student Embalmer

Signed Paul G Wachter

Licensed Embalmer No. 4787

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.