

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#62-024302
1962

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 651 Registrar's No. 166

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 27 1962

VS 300
Rev. 4/59

0928
20928

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4 1
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94200

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1290-0
134-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. CHARLES	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		c. CITY OR TOWN ST. CHARLES	
Length of stay in 1b 1 1/2 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1334 CAULKSHILL RD		d. STREET ADDRESS (If outside, give location) 1334 CAULKSHILL RD	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last MATHILDA VOSS			4. DATE OF DEATH Month Day Year JUNE 18 1962
5. SEX F	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 18 1872
9. AGE (last birthday) 89		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (City and state or country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HERMAN BINDER	
13b. MOTHER'S MAIDEN NAME REGINA BRUMM		14. NAME OF HUSBAND OR WIFE WILLIAM F. VOSS	
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. NONE	17. INFORMANT Address MRS. RUTH MICHAEL ST. CHARLES, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH Chronic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized atherosclerosis			
DUE TO (c) Sandloty			
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 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 past 2 years to June 15, 1962 and last saw her alive on June 15, 1962 . Death occurred at 11:30 p, June 18, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ruth A. Gray, MD		22b. ADDRESS 304 So. 2nd, St. Charles, Mo	22c. DATE SIGNED 6/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 20, 1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
24. FUNERAL DIRECTOR ADDRESS PRINSTER-BAUE ST. CHARLES, MO.		25. DATE RECD. BY LOCAL REG. 6/19/62	26. REGISTRAR'S SIGNATURE Marcella Wilson

2 JUN 29 1962
CHERRY LANE

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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.