

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7629 -62-028537
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7629**

FILED AUG 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		St. Louis		1-yr.	c. CITY OR TOWN		St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		3936 Arsenal St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		3936 Arsenal St.
3. NAME OF DECEASED (Type or print)		First Edna Middle Amy Last Collier		4. DATE OF DEATH		Month Aug. Day 3, Year 1962	
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	
Female		White		12/29/07		9. AGE (last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Saleslady		Katz Drug Co.		St. Louis, Missouri		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
----- Weatherwax		Amy Trahey		Clarence T. Collier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
no				Clarence T. Collier - 3936 Arsenal			
18. CAUSE OF DEATH (Enter only one cause per line for PART II. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		Interval BETWEEN ONSET AND DEATH			
OK Paul J. ...		DUE TO (b)		Melastatic Melanocarcinoma		6 mos	
DUE TO (c)				190.9			
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		April 17, 1962		to		May 7, 1962 and last saw her/him alive on	
Death occurred at		2:00 A.m.		on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED			
Paul J. Palazzo M.D.		4161 Lindell, St. Louis, Mo.		8-3-62			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		Aug. 6, 1962		Resurrection Cemetery		St. Louis County, Missouri	
24. FUNERAL DIRECTOR		ADDRESS		25. DATE RECD. BY LOCAL REG.		REGISTRAR'S SIGNATURE	
WACKER-HELDERLE-3634		Gravois Ave.		AUG 4 1962		Earl Smith, M.D.	

Vodet

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

Lawrence M. Billo

Licensed Embalmer No.

4375

P. O. Address

St. Louis 16 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.