

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**6803** = 62-028558  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

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| <b>FILED JUL 31 1962</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis (10)</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b></p> <p>c. CITY OR TOWN <b>Affton (23)</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>7845 Parkwood Dr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |                                                                                                                                                                 |                                         |
| <p>3. NAME OF DECEASED First Middle Last <b>MILDRED ANN CURTIS</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>4. DATE OF DEATH <b>July 9, 1962</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>5. SEX <b>Female</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>6. COLOR OR RACE <b>White</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p> | <p>8. DATE OF BIRTH <b>11/28/08</b></p> |
| <p>9. AGE (last birthday) <b>53</b></p> <p>IF UNDER 1 YEAR Months _____ Days _____</p> <p>IF UNDER 24 HR Hours _____ Min. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Typist (Clerk)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Government</b></p>                                                                                                 |                                         |
| <p>11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>                                                                                                                |                                         |
| <p>13a. FATHER'S NAME <b>Frank A. Walters</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>13b. MOTHER'S MAIDEN NAME <b>Julia Benzek</b></p>                                                                                                            |                                         |
| <p>14. NAME OF HUSBAND OR WIFE <b>None</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>16. SOCIAL SECURITY NO. <b>None</b></p>                                                                                                                      |                                         |
| <p>17. INFORMANT <b>Shane J. Curtis</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>Address <b>9733 Pauline Pl (23)</b></p>                                                                                                                      |                                         |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <b>Respiratory Failure</b></p> <p>DUE TO (b) <b>Cerebral Vascular Hemorrhage</b></p> <p>DUE TO (c) <b>malignant Hypertension</b></p> <p>CONDITIONS, if any, which gave rise to (a), (b), or (c) above and the underlying cause, last.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>445X</b></p> <p>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</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>                                                |                                         |
| <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>445X</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>                                                   |                                         |
| <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>                                                                                              |                                         |
| <p>21. I attended the deceased from <b>July 9 1962</b> to <b>July 9 62</b> and last saw her/him alive on <b>July 9 1962</b></p> <p>Death occurred at <b>8:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>22a. SIGNATURE (Degree or title) <b>Phillip Connor MD</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>22b. ADDRESS <b>6500 Chippewa St Louis</b></p>                                                                                                               |                                         |
| <p>22c. DATE SIGNED <b>July 10 '62</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                         |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>23b. DATE <b>July 11, 1962</b></p>                                                                                                                           |                                         |
| <p>23c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>23d. LOCATION (City, town, or county) <b>St. Louis (39) Mo.</b></p>                                                                                          |                                         |
| <p>24. FUNERAL DIRECTOR <b>Fendler Und. Co.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>25. DATE RECD. BY LOCAL REG. <b>JUL 10 1962</b></p>                                                                                                          |                                         |
| <p>Address <b>7420 Michigan Ave.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>26. REGISTRAR'S SIGNATURE <b>Wood Smith MD</b></p>                                                                                                           |                                         |

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Mr. Philip Comens  
6500 Chippewa St.  
St. Louis 8383-  
7404 P.M.

**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 V E Morris

Licensed Embalmer No. 3360

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.