

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028593

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7435

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

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DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH  
a. COUNTY St. Louis, Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b 13hrs. 8min.

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital 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 ST. ANNS Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 4214 St. Linus Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Sheryl Middle Lynn Last Duella

4. DATE OF DEATH Month July Day 28 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/28/62 9. AGE (last birthday) IF UNDER 1 YEAR Months 13 Days 8 IF UNDER 24 HR Hours 13 Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Elmer Louis Duello 13b. MOTHER'S MAIDEN NAME Lae Wanna Pachman 14. NAME OF HUSBAND OR WIFE None

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. 754.5 17. INFORMANT Address Elmer L. Duella 4214 St. Linus, St. Ann, 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) Heart Failure  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Heart disease  
DUE TO (c) 754.5  
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.  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 9:50 P. Month, Day, Year 7-28-62

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 7-28-62 to 7-28-62 and last saw her alive on 7-28-62  
Death occurred at 9:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bert H Klein MD 22b. ADDRESS 2632 S. Kings Highway 22c. DATE SIGNED 7-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 7-30-62 23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Collier's Funeral 1 St. Ann, Mo. 25. DATE RECD. BY LOCAL REG. JUL 30 1962 26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

2017

**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

*Mr. Embalmer*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.