MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-029455

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1935 STATE FILE NUMBER

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 7/2 — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RICHMOND HTS. — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARYS HOSP — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4071 GRAVOIS — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First MARY — Middle ROSE — Last HALLEMANN
4. DATE OF DEATH: Month JUNE — Day 30 — Year 62

5. SEX: FEMALE
6. COLOR OR RACE: W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/28/62
9. AGE (last birthday): IF UNDER 1 YEAR Months 3 Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): RICHMOND HTS, Mo.
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: FRANK A. HALLEMANN
13b. MOTHER'S MAIDEN NAME: FAYE L. BAUER
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) N/A
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: FRANK HALLEMANN — Address: 4071 GRAVOIS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): respiratory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): atelectasis
DUE TO (c): Prematurity

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 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 6/28/62 to 6/30/62 and last saw her/him alive on 6/30/62
Death occurred at 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jackson Sto M.D.
22b. ADDRESS: 6500 Chippewa
22c. DATE SIGNED: 6/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7/2/62
23c. NAME OF CEMETERY OR CREMATORY: BETHLEHEM CEM.
23d. LOCATION (City, town, or county) (State): BELLFONTAIN NEIGHBORS Mo.

24. FUNERAL DIRECTOR: Lietis Funeral Home — ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: 7-2-62
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

not

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 Eleanor Irvine

Licensed Embalmer No. 3403

P. O. Address 2906 gravois

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.