

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029572

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2124

FILED JUL 31 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                                                                                                                                                     |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>                                                                                                                                                    |                                                                                                           | Length of stay in lb <u>1 day</u>                                                                                                                           | c. CITY OR TOWN <u>Jennings</u>                                                                                                                                      |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's</u>                                                                                                                                       |                                                                                                           | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                           | d. STREET ADDRESS (If outside, give location) <u>2539 Hord Ave.</u>                                                                                                  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ELIZABETH</u> Middle <u>ANN</u> Last <u>RUTH</u>                                                                                                                                    |                                                                                                           | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>18</u> Year <u>1962</u>                                                                                           |                                                                                                                                                                      |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                | 6. COLOR OR RACE <u>White</u>                                                                             | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-18-62</u>                                                                                                                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>                                                                                                                             |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>                                                                                                               | 9. AGE (last birthday) <u>3 hours</u>                                                                                                                                |
| 11a. BIRTHPLACE (City and state or country) <u>Clayton, Mo.</u>                                                                                                                                                                     |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>                                                                                                                      |                                                                                                                                                                      |
| 13a. FATHER'S NAME <u>Harry Ruth</u>                                                                                                                                                                                                |                                                                                                           | 13b. MOTHER'S MAIDEN NAME <u>Clare Ann Mills</u>                                                                                                            |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>                                                                                                                  |                                                                                                           | 16. SOCIAL SECURITY NO. <u>None</u>                                                                                                                         |                                                                                                                                                                      |
| 17. INFORMANT <u>Harry F. Ruth</u>                                                                                                                                                                                                  |                                                                                                           | Address <u>2539 Hord, Jennings, Mo.</u>                                                                                                                     |                                                                                                                                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>atelectasis</u>                                                                                  |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                                                                                  |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prematurity</u>                                                                                |                                                                                                           |                                                                                                                                                             | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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<br>Hour _____ a.m. _____ p.m.<br>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 <u>birth</u> to <u>death</u> and last saw her/him alive on <u>7/18/63</u><br>Death occurred at <u>7:12 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE (Degree or title) <u>George Jensen M.D.</u>                                                                                                                                                                          |                                                                                                           | 22b. ADDRESS <u>9730 Elvaton Rd</u>                                                                                                                         | 22c. DATE SIGNED <u>7/20/62</u>                                                                                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                             | 23b. DATE <u>7-20-62</u>                                                                                  | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairland</u>                                                                                                          | 23d. LOCATION (City, town, or county) (State) <u>Maryville Ill.</u>                                                                                                  |
| 24. FUNERAL DIRECTOR <u>Robert W. Kelly</u> ADDRESS <u>Collinsville, Ill.</u>                                                                                                                                                       |                                                                                                           | 25. DATE RECD. BY LOCAL REG. <u>7-20-62</u>                                                                                                                 | 26. REGISTRAR'S SIGNATURE <u>John B. Mumfley M.D.</u>                                                                                                                |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard C. Kelly

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill.

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.