

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-033241

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 542

Registrar's No. 2297

FILED SEP 4 1962

VS 300
Rev. 4/59

DATE AMENDED

14009

2 20

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4 1

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94201

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1286-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Ferguson (35)

Length of stay in 1b

16 Mos.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Oak Knoll Nursing Home

Inside Limits

Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saint Louis (11)

Inside Limits

Yes No

d. STREET ADDRESS (If outside, give location)

6731 Vermont Ave.

Reside on Farm

Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

STEPHANIA

NEY

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

August 7, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

4/18/76

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

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)

Germany

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Anton Herr

13b. MOTHER'S MAIDEN NAME

Wilburga Unknown

14. NAME OF HUSBAND OR WIFE

Peter Ney (Deceased)

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.

None

17. INFORMANT

Agnes Haar 6805 Minnesota Ave. (11)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart Failure

DUE TO (c)

Generalized Atherosclerosis

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 July 1, 1962 to Aug 7, 1962 and last saw her alive on Aug. 4, 1962
Death occurred at 8:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Charles Kilo, M.D.

22b. ADDRESS

5855 CATES St. Louis, Mo.

22c. DATE SIGNED

Aug 7, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

S.S. Peter & Paul Cem.

23d. LOCATION (City, town, or county)

St. Louis (16) Mo.

24. FUNERAL DIRECTOR

Fendler Und. Co. 7420 Michigan Ave.

25. DATE RECD. BY LOCAL REG.

8-8-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Thomas F. Felo.
St. Luke's Hospital
5535 Belmont Ave.

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.