

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036600

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9517

FILED OCT 11 1962

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb 2 1/2 years	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word		d. STREET ADDRESS (If outside, give location) 2923 Eads Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MYRTLE Middle MAUDE Last POSTON			4. DATE OF DEATH Month Oct. Day 3 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solicitor		10b. KIND OF BUSINESS OR INDUSTRY Handicap Enterprises	11. BIRTHPLACE (City and state or country) Carleston mo.
13a. FATHER'S NAME John W. Williams		13b. MOTHER'S MAIDEN NAME Sarah Reynolds	14. NAME OF HUSBAND OR WIFE Lee Poston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of serv)		17. INFORMANT Address Lee Poston 2923 Eads St. Louis 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) Carcinoma of Breast, left with Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 170X DUE TO (c) 170X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 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			INTERVAL BETWEEN ONSET AND DEATH 7 mos.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 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 DECEMBER 1961 to OCT. 3 1962 and last saw her/him alive on 2 OCT. 1962 Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Winfred B. Maulera M.D.		22b. ADDRESS 1410 S 12th ST. ST. LOUIS MO	22c. DATE SIGNED 10-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-62	23c. NAME OF CEMETERY OR CREMATORY Barks Chapel	23d. LOCATION (City, town, or county) Whitewater Mo.
24. FUNERAL DIRECTOR ADDRESS Haman Cape Girardeau Mo.		25. DATE RECD. BY LOCAL REG. OCT 4 1962	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.

MAR 4 1963

OCT 15 1962

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 Frank Gronoff

Licensed Embalmer No. 4356

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.