MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036671 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8675

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis, — Length of stay in 1b

c. CITY OR TOWN St.Louis, — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MX,Mo. Baptist Hosp. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4401 Forest Park. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARIE Middle C. Last ST.LOUIS.

4. DATE OF DEATH Month Sept. Day 7th, Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4-7-1893

9. AGE (last birthday) 69

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary

10b. KIND OF BUSINESS OR INDUSTRY Command Trans Material U.S.A.

11. BIRTHPLACE (City and state or country) Chicago,Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward Tapy

13b. MOTHER'S MAIDEN NAME Irene Brown

14. NAME OF HUSBAND OR WIFE Late Jack St. Louis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic None

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs.Florence Lennertson-4410 Forest Park

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adeno-Carcinoma of Pacreas — INTERVAL BETWEEN ONSET AND DEATH 5/24/62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Liver /57x — to

DUE TO (c) — 9/7/62

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 5/24/62, to 9/6/62 and last saw her/him alive on 9/6/62

Death occurred at 6:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George F. Rendleman M.D. (Degree or title) George F. Rendleman, M.D.

22b. ADDRESS 812 Olive St. St. Louis, Mo

22c. DATE SIGNED 9/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE Sept. 8,1962

23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

23d. LOCATION (City, town, or county) St.Louis. (State) Missouri.

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S .Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG. SEP 7 1962

26. REGISTRAR'S SIGNATURE Hoard Smith . M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	219		9-
3			
4	1		
5	2		
6			
7	1		
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12	68-0		
13			

68

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr.Geo.Rendelmann Ch 1-9261
812 Olive Arcade Bldg

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.