

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040140

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10206

STATE FILE NUMBER

FILED NOV 1 1962

VS 300  
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 6 days	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3845 Dunnica			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Anna Martha DeBolin			4. DATE OF DEATH Month Day Year 10/24/62			5. SEX Female		6. COLOR OR RACE White					
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/30/89		9. AGE (last birthday) 72		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) Retired Waitress			10b. KIND OF BUSINESS OR INDUSTRY Sonnefelds		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Julius Tiede			13b. MOTHER'S MAIDEN NAME Caroline Geritz			14. NAME OF HUSBAND OR WIFE Bernard							
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. ---		17. INFORMANT Address Bernard DeBolin-7832 Clipper Ct.								
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thrombosis internal carotid artery</i> DUE TO (b) <i>Arteriosclerotic Hypertensive Cardiovascular disease</i> DUE TO (c) <i>disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>20 years.</i>			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443X</i>							
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			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 a.m. 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 <i>18 October 1962</i> to <i>24 Oct. 1962</i> and last saw <i>her</i> alive on <i>24 October 1962</i> Death occurred at <i>5:40 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <i>Raymond L. Emerson, M.D.</i>		22b. ADDRESS 1695 BRENTWOOD BLVD. BRENTWOOD MO.			22c. DATE SIGNED OCT 25 '62					
23a. BURIAL, CREMATION, REMOVAL (specify) <i>Burial</i>		23b. DATE <i>10/26/62</i>		23c. NAME OF CEMETERY OR CREMATORY <i>SS Peter &amp; Paul Cem.</i>			23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>						
24. FUNERAL DIRECTOR <i>WACKER-HELDERLE</i>			ADDRESS <i>3634 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 25 1962</i>		26. REGISTRAR'S SIGNATURE <i>Ward Smith, M.D.</i>						

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Francis M. Bello*

Licensed Embalmer No. 4375

P. O. Address

*St. Louis 16, 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.