

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040752

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9651**

FILED OCT 19 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>PLACE OF DEATH</b> a. COUNTY		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthonys Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>8660 Partridge Ave</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. <b>NAME OF DECEASED</b> (Type or print) First Middle Last <b>ELIZABETH SINGLER</b>			4. <b>DATE OF DEATH</b> Month Day Year <b>OCT. 8 1962</b>
5. <b>SEX</b> <b>Female</b>	6. <b>COLOR OR RACE</b> <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>7/26/1887</b>
9. <b>AGE</b> (last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>***</b>	11. <b>BIRTHPLACE</b> (City and state or country) <b>Czechoslovakia</b>
12. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>			
13a. <b>FATHER'S NAME</b> <b>Unknown</b>		13b. <b>MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	14. <b>NAME OF HUSBAND OR WIFE</b> <b>Henry Singler Sr.</b>
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. <b>SOCIAL SECURITY NO.</b> <b>*****</b>	17. <b>INFORMANT</b> Address <b>John P. Singler 1013 Tillie Ave.</b>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. <b>DEATH WAS CAUSED BY:</b>			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>"Stroke"</b>			<b>Months</b>
DUE TO (b) <b>Arteriosclerosis</b>			<b>Days</b>
DUE TO (c) <b>Diabetes Mellitus</b>			<b>Hours</b>
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>None 260x</b>			<b>Min.</b>
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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m.	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <b>STATE</b>
21. I attended the deceased from <b>20 Aug 1962</b> to <b>Death</b> and last saw her/him alive on <b>5 Oct 1962</b> Death occurred at <b>12:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> <i>Mary E. ...</i>		22b. <b>ADDRESS</b> <b>St. Louis, Mo</b>	22c. <b>DATE SIGNED</b> <b>10-8-62</b>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>10/11/62</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. <b>FUNERAL DIRECTOR</b> <b>JOHN STYGAR &amp; SON = 5541 RIVERVIEW BLVD.</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>OCT 9 1962</b>	26. <b>REGISTRAR'S SIGNATURE</b> <i>Karl Smith M.D.</i>

**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 *J. M. Rister*

Licensed Embalmer No. 3980

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.