

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11395

-62-044783

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED NOV 30 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Hanley Hills		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 783 1/2 Madison Dr.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Margaret Middle C. Last Ring						4. DATE OF DEATH Month November Day 25 Year 1962					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/19/92		9. AGE (last birthday) 70yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Worker				10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and state or country) St. Louis MO.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME James A. Ring				13b. MOTHER'S MAIDEN NAME Jane Sullivan				14. NAME OF HUSBAND OR WIFE never married			
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 Elanora Kinnevey 783 1/2 Madison Dr					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Post-surgical Shock										12 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) Heparotomy for Hemi-colectomy										12 hrs.	
DUE TO (c) Carcinoma of Ascending colon 153.0										6 mos?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Ischemia								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 type="checkbox"/> NO <input checked="" 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 April 1962 to Nov. 1962 and last saw her ^{her} _{him} alive on 24 Nov. 1962 Death occurred at 12:10 A. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Leonard J. Kopp M.D. (Degree or title)						22b. ADDRESS 1917 N. Hanley Rd.			22c. DATE SIGNED 27 Nov 62		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/28/62		23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (city, town, or county) St. Louis Missouri		23e. STATE (State)			
24. FUNERAL DIRECTOR ADDRESS Morrell 3710 N. Grand Blvd.				25. DATE RECD. BY LOCAL REG. NOV 27 1962		26. REGISTRAR'S SIGNATURE Roal Smith, M.D.					

MAR 13 1963

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 Loren E. Percy
Licensed Embalmer No. 4094

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.