MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048285

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12138 STATE FILE NUMBER

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1812a N. 9th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Rosa Middle: Last: Doolin

4. DATE OF DEATH Month: 12 Day: 17 Year: 62

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-22-1903

9. AGE (last birthday): 59

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Morehouse, Missouri

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

13a. FATHER'S NAME: William Hankins

13b. MOTHER'S MAIDEN NAME: May Hunbock

14. NAME OF HUSBAND OR WIFE: Thomas Doolin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Thomas Doolin — Address: 1812a N. 9th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Degeneration with — INTERVAL BETWEEN ONSET AND DEATH: acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congestive failure. Fracture left hip — suffered

DUE TO (c) fall on or about 12-8-62 in home.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 904.0 — 21

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.) See above

20c. TIME OF INJURY Hour 1 a.m. p.m. — Month, Day, Year 12-8-62

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.) In home

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY — STATE Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____

Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner

22b. ADDRESS 1300 Clark Ave.

22c. DATE SIGNED 12-18-62

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

23b. DATE 12-20-62

23c. NAME OF CEMETERY OR CREMATORY Friedens E. & R.

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

24. FUNERAL DIRECTOR ST. LOUIS FUNERAL HOME — ADDRESS

25. DATE RECD. BY LOCAL REG. DEC 18 1962

26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	226		
3			
4	1		
5	1		
6			
7	0		
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11	000		
12	50-3		
13			

50

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 4408

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.