

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048761

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **11894**

STATE FILE NUMBER

FILED DEC 21 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

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, MISSOURI		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN Shrewsbury		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5023 Exeter				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First ROSE Middle ALMA Last SOUCY			4. DATE OF DEATH Month DECEMBER Day 10 Year 1962			5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-26-1908		9. AGE (last birthday) 54		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) Housework						10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and state or country) St. Pascalpq, Canada			12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME August Duval						13b. MOTHER'S MAIDEN NAME Ida Roy						14. NAME OF HUSBAND OR WIFE Emil J. Soucy							
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. None			17. INFORMANT Emil J. Soucy Address 5023 Exeter										
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) ACUTE PULMONARY EMBOLUS																			
DUE TO (b) THROMBOPHLEBITIS, RIGHT LEG														1 WEEK					
DUE TO (c) VARICOSE VEINS, BOTH LOWER EXTREMITIES												MANY YEARS							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 46 OX										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 NOVEMBER 26, 1962 to DEC. 10, 1962 and last saw her him alive on DEC. 8, 1962											
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at 5:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>C. Vermillion, M.D.</i> (Degree or title)						22b. ADDRESS BARNES HOSPITAL				22c. DATE SIGNED 12/10/62									
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Dec. 13, 1962		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.											
24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway Blvd.					25. DATE RECD. BY LOCAL REG. DEC 12 1962			26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>											

STATE OF OHIO

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. Spillars

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.