MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-049491

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12712 STATE FILE NUMBER

FILED JAN 16 1963

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in Ib:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hosp. #1
Inside Limits: Yes ☐ No ☐

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 ☐ No ☐
d. STREET ADDRESS (If outside, give location): 510 Culver Way
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Joseph Last Berry

4. DATE OF DEATH: Month 11 Day 1 Year 62

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: UNK
9. AGE (last birthday): 65
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
10b. KIND OF BUSINESS OR INDUSTRY: UNK
11. BIRTHPLACE (City and state or country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: UNK.
13b. MOTHER'S MAIDEN NAME: UNK.
14. NAME OF HUSBAND OR WIFE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT: Helen L. Taylor, Coroner Address: 1300 Clark

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): 4201
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 1:50 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Helen L. Taylor (Degree or title) Coroner
22b. ADDRESS: 1300 Clark Ave
22c. DATE SIGNED: 11-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Anatomical Board
23b. DATE: 1-31-63
23c. NAME OF CEMETERY OR CREMATORY: Edward Aker Mortuary Service
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: 4204 Manchester Ave. ADDRESS: St. Louis 10, Mo.
25. DATE RECD. BY LOCAL REG.: JAN 3 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	219		
3			
4	0		
5	0		
6			
7	9		
8	2		
9			
10			
11			
12	75-3		
13			

75

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

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.