

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003316

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1231

FILED FEB 8 1963

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
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| 76 | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | SHOULD READ | USE BLACK INK OR TYPEWRITER RIBBON |

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Mo. b. COUNTY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hospital | | d. STREET ADDRESS (If outside, give location) 1414a Clinton | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Luella Casey | | 4. DATE OF DEATH Month Day Year February 4, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 27-1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Fredericktown Missouri |
| 13a. FATHER'S NAME Chill Brown | | 14. NAME OF HUSBAND OR WIFE deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Mr. Clayton Casey, 1410 Clinton St | |
| 18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Massive Pulmonary Embolism</i> DUE TO (b) <i>from Left Common Iliac Vein</i> DUE TO (c) <i>Generalized Atherosclerosis</i> | | | 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) <i>Chronic Healed Pulmonary Tuberculosis</i> | | | 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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Patient complained of pain in right arm</i> | |
| 20c. TIME OF INJURY Hour Month, Day, Year 3:00 p.m. 12/30/62 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St. Louis Chronic Hosp.</i> | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Missouri</i> | | |
| 21. I attended the deceased from 12-27-62 to 2-4-63 and last saw her/him alive on 2-4-63 Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>George M. Janaka, M.D.</i> | | 22b. ADDRESS <i>5600 Arsenal</i> | |
| 22c. DATE SIGNED <i>2/4/63</i> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Feb. 6, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis County, Missouri | | 25. DATE RECD. BY LOCAL REG. FEB 5 1963 | |
| 26. REGISTRAR'S SIGNATURE <i>Loal 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 Julius R. Beeman

Licensed Embalmer No. 5146

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.