

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004072
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 224

FILED JAN 17 1963

VS 300
Rev. 4/59

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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF V.

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 <u>St. Louis, Mo.</u>		a. STATE <u>Kentucky</u> b. COUNTY <u>McCracken</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardinal Glennon Hospital For Children</u>		c. CITY OR TOWN <u>Paducah, Ky.</u>	
Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>400 Oak Grove, Paducah, Ky.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Catherine Rene Savage</u>		4. DATE OF DEATH Month Day Year <u>January 7, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-2-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>20</u> Days <u>20</u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u>
11a. FATHER'S NAME <u>Ralph G Savage</u>		11. BIRTHPLACE (City and state or country) <u>Paducah, Ky.</u>	
13a. MOTHER'S MAIDEN NAME <u>Jean (Rogers)</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		17. INFORMANT Address <u>Jean Savage, Paducah, Ky.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGENITAL HEART DISEASE</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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. <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. <u> </u>		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 <u>1-6-63</u> to <u>1-7-63</u> and last saw her alive on <u>1-7-63</u> . Death occurred at <u>11:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald D. O'Sullivan M.D.</u>		22b. ADDRESS <u>146 S. GRAND</u>	
22c. DATE SIGNED <u>1-7-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>1-8-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Paducah, Ky.</u>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.</u>	
25. DATE RECD. BY LOCAL REG. <u>JAN 8 1963</u>		26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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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 Harry Kahle

Licensed Embalmer No. 4596

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.