

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004107

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1097**

FILED FEB 8 1963

VS 300
Rev. 4/59

1

2400323K

3

4 1

5 1

6

7 1

8 2

9

10

11

12 58-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 2 months | c. CITY OR TOWN Kirkwood |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) #5 Claychester |
| 3. NAME OF DECEASED (Type or print) First Middle Last MERLE E. SHIELD | | | 4. DATE OF DEATH Month Day Year February 1, 1963 |
| 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 7/27/09 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (last birthday) 53 |
| 11. BIRTHPLACE (City and state or country) Mattoon, Ill. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Clarence Fitch | | 13b. MOTHER'S MAIDEN NAME Malzenia Piant | 14. NAME OF HUSBAND OR WIFE Vance Shield |
| 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. | 17. INFORMANT Address Mo. Vance Shield, #5 Claychester, Kirkwood 22. |
| 18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lungs with Metastasis | | | INTERVAL BETWEEN ONSET AND DEATH about 1 1/2 yr |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 163x |
| 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 type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m. | | 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 Aug 7, 1961 to present time and last saw her alive on 1/31/63 Death occurred at 4:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree of 2000) George F. Hendleman, M.D. | | 22b. ADDRESS 812 Olive Street St. Louis 1, Mo. | 22c. DATE SIGNED 2/1/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | 23b. DATE 2/4/63 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | |
| 23d. LOCATION (City, town, or county) St. Louis, County, Mo. | | 23e. (State) | |
| 24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood, Mo. | | 25. DATE RECD. BY LOCAL REG. FEB 1 1963 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |

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 _____
Signature of Student Embalmer

Signed Francis J. Highland Jr

Licensed Embalmer No. 4512

P. O. Address Richard 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.