

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-004436

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER..

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 51

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

14003
24003

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4 1
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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 25 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 12 years	c. CITY OR TOWN Kirkwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Agnes Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10,341 Manchester Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last EDITH C. DENHAM			4. DATE OF DEATH Month Day Year Jan. 5, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-1893
9. AGE (last birthday) 79		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Denham	
13b. MOTHER'S MAIDEN NAME Sophia Schmieder		14. NAME OF HUSBAND OR WIFE William L. Denham	
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 Rock Hill 17, Mo.		17. INFORMANT Mary C. McDonnell-1190 Moorland	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c)			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. <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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>1958</u> to <u>Jan 4, 1963</u> and last saw her alive on <u>Jan 4, 1963</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>E. J. Williams M.D.</i>		22b. ADDRESS <i>8787 Big Bend</i>	22c. DATE SIGNED <i>1/7/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-1963	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.
24. FUNERAL DIRECTOR ADDRESS Piltzinger Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 1-7-63	26. REGISTRAR'S SIGNATURE <i>John B. Murphy 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

Ben C. Hoffman

Licensed Embalmer No.

4366

P. O. Address

Spencer, MD

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.