

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-008477

318 Primary Registration District No. 1003

Registrar's No. 1744

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

FILED FEB 28 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
VS 300 Rev. 4/59		St. LOUIS		10 DAYS	ILLINOIS		MADISON		GRANITE CITY		Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)							
2	JEWISH HOSPITAL				2809 BUXTON AVENUE							
3	3. NAME OF DECEASED (Type or print): First Middle Last			4. DATE OF DEATH Month Day Year								
4	GLADYS A. COURTWAY			2 16 1963								
5	5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR				
6	FEMALE	WHITE		3-29-'09	53	Months	Days	Hours	Min.			
7	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY					
8	HOUSEWIFE		AT HOME		LITCHFIELD, ILL.		U.S.					
9	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE							
10	GEORGE BUZICK		MIRAH SEXTON		EMMET COURTWAY							
11	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)				NO.		17. INFORMANT					
12	No						2809 BUXTON AVE. EMMET COURTWAY GRANITE CITY, ILL.					
13	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:											
		IMMEDIATE CAUSE (a)		DUE TO (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH				
		Cerebral Infarcts		Multiple Emboli		Rheumatic Mitral Stenosis		5 d				
								5 d				
								10 + yrs				
		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.								
		Recent open Mitral Valvulopathy		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>								
		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.)						
						410x						
		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 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 2/7/63 to 2/16/63 and last saw her alive on 2/16/63 Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.										
		22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED		
		Merton Berqueuer MD				4409 W Pine (8)				2/17/63		
		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)				
		REMOVAL		2-16-1963		St. JOHNS		GRANITE CITY, ILLINOIS				
		24. FUNERAL DIRECTOR		ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE				
		ED MERCER SONS		GRANITE CITY, ILLINOIS		FEB 18 1963		Glad Smith, M.D.				

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Charles E. Mace

Licensed Embalmer No. 2988

P. O. Address Granite City Ill

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.