

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008531

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2172

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Mo</u> b. COUNTY: _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>St Louis</u>		c. CITY OR TOWN: <u>St Louis</u>	
Length of stay in lb: <u>5 Days</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Lutheran Hosp</u>		d. STREET ADDRESS (If outside, give location): <u>5205 Schollmeyer</u>	
3. NAME OF DECEASED (Type or print) First: <u>Josephine</u> Middle: <u>Disspain</u> Last: _____		4. DATE OF DEATH Month: <u>2</u> Day: <u>24</u> Year: <u>63</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>1/3/86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	11. BIRTHPLACE (City and state or country): <u>Cologne Germany</u>
13a. FATHER'S NAME: <u>CLEMENS KUENDORF</u>		14. NAME OF HUSBAND OR WIFE: <u>CHESTER DISSPAIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): <u>No</u>		17. INFORMANT: <u>ELFRIED ROLLHOETTER 5829 Robert</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>6 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>260x</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Periph vascular disease</u>		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 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>2/10/58</u> to <u>2/24/63</u> and last saw her <sup>her</sup> alive on <u>2/24/63</u> . Death occurred at <u>12:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <u>Edward W. Czabunski MD</u>		22b. ADDRESS: <u>3701 Grandel St</u>	
22c. DATE-SIGNED: <u>3/27/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	23b. DATE: <u>2/27/63</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Resurrection Cem.</u>	23d. LOCATION (City, town, or county) (State): <u>St Louis Mo</u>
24. FUNERAL DIRECTOR: <u>Thos Kutis 2906 Francis</u>		25. DATE RECD. BY LOCAL REG.: <u>2-26-1963</u>	26. REGISTRAR'S SIGNATURE: <u>Paul Smith M.D.</u>

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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 *R. G. Humphrey*

Licensed Embalmer No. 4772

P. O. Address 2906 Brown

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.

*Mr. C. J. ...  
DS 3-4430  
no fee due.  
12:00 PM  
H. S. ...  
3:30 PM*