

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-013085

STATE FILE NUMBER

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 3086

3086

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.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FILED MAR 21 1963 b. CITY (if outside corporate limits, give township only) OR TOWN ST. LOUIS c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSP.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY c. CITY OR TOWN ST. LOUIS d. STREET ADDRESS (if outside, give location) 1407 DE SOTO AVE	
3. NAME OF DECEASED (Type or print) First SUSAN Middle CAHILL Last 4. DATE OF DEATH Month MARCH Day 13 Year 1963			5. SEX FEMALE
6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 29 1893	9. AGE (last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SECRETARY C.B.+2 RR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) VENICE ILLINOIS	12. CITIZEN OF WHAT COUNTRY U-S-A
13a. FATHER'S NAME JOHN J. CAHILL		13b. MOTHER'S MAIDEN NAME CORA MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address 71 FRANCES COOKE 1407 DE SOTO AVE	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) Carcinoma of pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 157X DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 months
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, 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 Nov 5, 1964 to March 13, 1963 and last saw her alive on March 13, 1963 Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles Schimberg M.D.		22b. ADDRESS 9903 Gravois Ave.	22c. DATE SIGNED 3/14/63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR. 18, 1963	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. MAR 16 1963	26. REGISTRAR'S SIGNATURE Road Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

JUN 20 1963

Dr. G. J. ... 4511 Forest Park
707-4700
AK 1-1500 9903
1-V

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 groves

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.