

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013816

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1355**

STATE FILE NUMBER

FILED APR 8 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		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 St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo	
Length of stay in lb Few hours		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp.		d. STREET ADDRESS (If outside, give location) 1636A N. 19th	
3. NAME OF DECEASED (Type or print) First Evelyn Middle M. Last Seger		4. DATE OF DEATH Month 2 Day 4 Year 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 7-21-1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) O'Fallon, Mo.
13a. FATHER'S NAME Howard Blankenship		13b. MOTHER'S MAIDEN NAME Leona Cox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT LaVerne Seger Address 1636 A. 19th St. Louis, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sodium Fluoride Poisoning		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) suffered when he ceased ingested		DUE TO (c) Roach poison in home on February 4, 1963.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suicide 9718		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY Hour ? Month, Day, Year 2-4-63 a.m. p.m.		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.) Home		20f. CITY, TOWN, OR LOCATION St. Louis, Mo COUNTY STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 8:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner		22b. ADDRESS 1308 Clark	
22c. DATE SIGNED 2/7/63 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-8-63	
23c. NAME OF CEMETERY OR CREMATORY Mount Zion Cemetery		23d. LOCATION (City, town, or county) O'Fallon, Mo	
24. FUNERAL DIRECTOR Jerry Davis ADDRESS O'Fallon, Mo		25. DATE RECD. BY LOCAL REG. FEB 7 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

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 Jerry A. Davis
Licensed Embalmer No. 5139

P. O. Address Stallion, 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.