

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022062
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4815**

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

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 hr		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3301 Olive St				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Petot			4. DATE OF DEATH Month Day Year May 2 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 11/7/1902		9. AGE (last birthday) 60		IF UNDER 1 YEAR Months 5 Days 25 Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rating checker		10b. KIND OF BUSINESS OR INDUSTRY Commercial Credit		11. BIRTHPLACE (City and state or country) St. Louis Mo		
10c. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Edward Childers			13b. MOTHER'S MAIDEN NAME Daphney Tinley			14. NAME OF HUSBAND OR WIFE Arthur Petot, deceased				
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.			17. INFORMANT Mrs. Jeane Wirtel			Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Pulmonary edema; acute congestive failure resulting from an old rheumatic heart with mitral insufficiency and stenosis.										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) 410X										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 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 St. Louis, Missouri		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <i>[Signature]</i> (Degree or title) 150 A						22b. ADDRESS 1300 Clark			22c. DATE SIGNED 5-3-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/6/63		23c. NAME OF CEMETERY OR CREMATORY Calvary			23d. LOCATION (City, town, or county) St. Louis, Missouri			(State)		
24. FUNERAL DIRECTOR Arthur J. Donnelly				ADDRESS 3840 Lindell Blvd				25. DATE RECD. BY LOCAL REG. MAY 3 1963		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D.		

USE BLACK INK OR TYPEWRITER RIBBON

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BY AFFIDAVIT OF

SD 15 50-207

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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 Ironis Williamson

Licensed Embalmer No. 3568
P. O. Address 3840 Lindale

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.