

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029864

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7774**

FILED AUG 9 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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USE BLACK INK OR TYPEWRITER RIBBON

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 D.O.A. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 Christian Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 5428 Genevieve Avenue | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Viola Middle M. Last Dilthey | | | 4. DATE OF DEATH Month 7 Day 28 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 7-31-1912 | | 9. AGE (last birthday) 50 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk | | | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dairy | | | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | | | |
| 13a. FATHER'S NAME Daniel Dilthey | | | | 13b. MOTHER'S MAIDEN NAME Julia E. Naegelin | | | | 14. NAME OF HUSBAND OR WIFE | | | | | | | | | | | |
| 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 Mr. Albert Dilthey | | | | Address 2326 Dotley Avenue | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | | | | | | Interval between ONSET AND DEATH | | | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) | | | | | | | | | | DUE TO (b) 4201 | | | | | | | | | |
| DUE TO (c) | | | | | | | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | | | | | | 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 10:00 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Helena L. Taylor, Coroner | | | | | | 22b. ADDRESS 1300 Clark Ave. | | | 22c. DATE SIGNED 7-30-63 | | | | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7-31-1963 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 23d. LOCATION (City, town, or county) St. Louis, County | | STATE Missouri | | | | | | | | | | | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc. | | | | ADDRESS 2161 E. Fair Ave. | | 25. DATE RECD. BY LOCAL REG. JUL 30 1963 | | 26. REGISTRAR'S SIGNATURE Paul Smith. M.D. | | | | | | | | | | | |
| St. Louis, Missouri 63107 | | | | | | | | | | | | | | | | | | | |

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 W. Ford & Brunley

Licensed Embalmer No. 4202

P. O. Address St. Joseph

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.