

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030294

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District **1003**

Registrar's No. **7842**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stormal Kelly</b>		d. STREET ADDRESS (If outside, give location) <b>5349 Latus</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ruth</b> Middle <b>Minor</b> Last <b>Thiers</b>		4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>16 Jul 1935</b>
9. AGE (last birthday) <b>28</b>		IF UNDER 1 YEAR Months <b>28</b> Days	IF UNDER 24 HR Hours <b>28</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and State or country) <b>Miss US</b>
12. CITIZEN OF WHAT COUNTRY <b>US</b>		13. FATHER'S NAME <b>James Kay</b>	
14. MOTHER (MAIDEN NAME) <b>Emma Bonnett</b>		15. NAME OF HUSBAND OR WIFE <b>Dave Thiers</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>604-53-6450</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage resulting from a ruptured ectopic pregnancy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>645.0</b>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>645.0</b>		DUE TO (c)	
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 checked="" type="checkbox"/> Yes <input 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 <b>8:35</b> a.m. / p.m. Month, Day, Year <b>A</b>		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 <b>St Louis</b> COUNTY <b>Mo</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>8:35 A</b> to <b>8:35 A</b> and last saw her/him alive on <b>8:35 A</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>8:35 A</b>			
22a. SIGNATURE (Degree or Title) <b>Paul J. Simon Deputy Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>7/31/63</b>		23a. BURIAL CREMATION, REMOVAL (Specify) <b>Reburial</b>	
23b. DATE <b>3 Aug 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
23d. LOCATION (City, town, or county) <b>St Louis Mo</b>		24. FUNERAL DIRECTOR <b>Reliable Funeral Svs 1389 Union</b> ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>AUG 1 1963</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

VS 300 Rev. 4/59  
1  
2 **206**  
3  
4 **3**  
5 **1**  
6  
7 **1**  
8 **1**  
9  
10  
11  
12 **7-3**  
13  
**77**

USE BLACK INK OR TYPEWRITER RIBBON

**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 James A. Stoyatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

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.