

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033988

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

8266

FILED AUG 22 1963

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| VS 300 Rev. 4/59 | DATE AMENDED |
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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____ | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b 20 days | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Little Rock Hosp. Inc. | | d. STREET ADDRESS (If outside, give location) 6918 Fyler Ave. | |
| 3. NAME OF DECEASED (Type or print) First Mrs. Elva Middle Sophie Last Pappas | | 4. DATE OF DEATH Month August Day 13 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 7-10-1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 9. AGE (last birthday) 71 |
| 13a. FATHER'S NAME JOHN FERRELL | | 13b. MOTHER'S MAIDEN NAME MARGARET TERRY | 14. NAME OF HUSBAND OR WIFE Steve Pappas |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) NO | | 17. INFORMANT Address STEVE PAPPAS 6918 FYLER | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia - DUE TO (b) External blocking of ureters - DUE TO (c) Advanced Ca. of Cervix - | | | INTERVAL BETWEEN ONSET AND DEATH About 8 months |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 171X | | | 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 type="checkbox"/> NO <input checked="" 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 | COUNTY STATE |
| 21. I attended the deceased from January 1963 to August 13, 1963 and last saw her alive on August 13, 1963 . Death occurred at 9:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE  (Degree or title) | | 22b. ADDRESS 1755 So Grand Blaine St | 22c. DATE SIGNED 8-13-63 |
| 23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL | 23b. DATE 8-16-1963 | 23c. NAME OF CEMETERY VAL HALLA | 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO |
| 24. FUNERAL DIRECTOR Michel Funeral Home, St. Louis, Mo. HOWARD H. MICHEL 5930 SOUTH WEST | | 25. DATE RECD. BY LOCAL REG. AUG 14 1963 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Albert Mansfield

Licensed Embalmer No. 3077
P. O. Address St. Louis 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.