

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034524

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2607 STATE FILE NUMBER

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| DO NOT WRITE ON THIS STUB | AMENDED | | | | |
| VS 300 Rev. 4/59 | DATE AMENDED | | | | |
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| BY AFFIDAVIT OF | | | | | |
| ITEM NO. | | | | | |

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| FILED SEP 4 1963 | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | 2. USUAL RESIDENCE (Where deceased lived: if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Length of stay in 1b <u>D.O.A.</u> | c. CITY OR TOWN <u>Maryland Heights</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>P.O. Box 1287</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED First <u>Della</u> Middle <u>Menzel</u> Last <u>Menzel</u> | |
| 4. DATE OF DEATH Month <u>Aug.</u> Day <u>16</u> Year <u>1963</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>M</u> |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-11-92</u> |
| 9. AGE (last birthday) <u>71</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Checker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Imperial Laundry</u> |
| 11. BIRTHPLACE (City and state or country) <u>Richwood, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Thomas J. Shelton</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Fannie Todd</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Fred (dcd)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Mrs. Glenda Blake! - P/ Box 1287</u> Address <u>Maryland Hghts.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| 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 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 <u>1-9-1960</u> to <u>8-16-1963</u> and last saw her/him alive on <u>8-28-61</u> Death occurred at <u>7 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>Arthur H. Dunkel MD</u> | |
| 22b. ADDRESS <u>2500 Denseline, 19</u> | |
| 22c. DATE SIGNED <u>8-28-1963</u> (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-19-63</u> |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem</u> | |
| 23d. LOCATION (City, town, or county) <u>Pagedale, Mo.</u> (State) | |
| 25. DATE RECD. BY LOCAL REG. <u>8-17-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Baumann Bros. Inc. 2504 Woodson Rd., Overland 14, Mo.</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

100-100-800

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. L. 14^{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.