

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037969

STATE FILE NUMBER

Registration District No. 318

1003

Primary Registration District No.

9632

Registrar's No.

9632

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 4 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4328 Fairview Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>															
3. NAME OF DECEASED (Type or print) First Middle Last Martha Richards			4. DATE OF DEATH Month Day Year Sept. 25 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 11/20/12		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady				10b. KIND OF BUSINESS OR INDUSTRY Illinois				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME Henry Staten				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Wilbert Richards				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No				16. SOCIAL SECURITY NO.				17. INFORMANT Address Wilbert Richards 4328 Fairview			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) malnutrition DUE TO (b) Carcinomatosis of the abdomen DUE TO (c) primary adenocarcinoma of pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none 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.) 157K																			
20c. TIME OF INJURY Hour s.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 April 1963 to Sept 25, 1963 and last saw her alive on Sept 24, 1963 Death occurred at 10:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE Robert Thomas M.D. (Degree or title)										22b. ADDRESS 108 N Euclid				22c. DATE SIGNED 9-26-63									
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/28/1963		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.				23d. LOCATION (City, town, or county) St. Louis Co. Mo.															
24. FUNERAL DIRECTOR Thomas Kutas ADDRESS 2906 Grand				25. DATE RECD. BY LOCAL REG. SEP 27 1963				26. REGISTRAR'S SIGNATURE Loal Smith. M.O.															

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 J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grand

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.

*Dr. R. Thompson
100 N. Euclid*

4130 pm Adams

307-4654