

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041781

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10714**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1						
2 224						
3						
4 1						
5 2						
6						
7 0						
8 2						
9						
10						
11						
12 90-0						
13						
90	SHOULD READ	ITEM NO.				

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2121 Arsenal St.		d. STREET ADDRESS (If outside, give location) 2121 Arsenal St.	
3. NAME OF DECEASED (Type or print) First Ella Middle M Last Martin		4. DATE OF DEATH Month Oct. Day 26 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/26/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Thomas Yeager		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Ella Reickenbacker 2121 Arsenal	
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 THROMBOSIS DUE TO (b) GENERAL ARTERIO SCLEROSIS DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 10 YEARS
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 type="checkbox"/> No <input checked="" 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.		20d. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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 11-24-62 to 10-26-63 and last saw her alive on 11-24-62 Death occurred at 1.30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Oley S Jones MD (Degree or title)		22b. ADDRESS 3616 S. Broadway; Hou	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 29, 1963	
23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cem.		23d. LOCATION (City, town or county) St. Louis Mo.	
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. OCT 28 1963	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. O.S. Jones
Apr 2 P.M.
3216 J. Burdett
Phone
West Corner OK

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 *Boley Thayer*
Licensed Embalmer No. 4861

P. O. Address St. Louis, Mo. 63119.

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.