

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10345 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

VS 300 Rev. 4/59	DATE AMENDED	1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
2		204		
3		1		
4		1		
5		1		
6				
7		0		
8		2		
9				
10				
11				
12		86-0		
13				
86				

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY												
		St. Louis				Mo.														
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>														
Hamilton Medical Center				6753 Dale Ave.																
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH Month			Day			Year		
Jessie			Rettinghouse									Oct. 16			1963					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR								
Female		White				11/16/15		47												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY								
Custodian				General Amer. Life				St. Louis Mo.				U S A								
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE												
John Allen Ware				Rosalie Hale				Glen Rettinghouse												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)				16. SOCIAL SECURITY NO.				17. INFORMANT Address												
No								Glen Rettinghouse 6753 Dale Ave.												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH								
IMMEDIATE CAUSE (a) <i>Generalized Carcinomatosis</i>																				
DUE TO (b) <i>Ovarian Carcinoma</i>																				
DUE TO (c) <i>175.0</i>																				
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		SUICIDE		HOMICIDE		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 <i>May 1963</i> to <i>Present</i> and last saw her alive on <i>10/12/63</i> . Death occurred at <i>10.30 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.																				
22a. SIGNATURE <i>W. J. [Signature]</i> (Degree or title)						22b. ADDRESS <i>1211 S. Birchwood (17)</i>			22c. DATE SIGNED <i>10/22/63</i>											
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)		STATE										
Removal		Oct. 19, 1963		Sunset Burial Park				St. Louis Co.		Mo.										
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE														
Thomas Kutis 2906 Grannis				10-17-1963		Glen Smith M.D.														

12-10-1911

12-10-1911

Dr Robert Stevens  
1211 S Brentwood  
Pa 60707

at 9311 Duwacke  
UN 83800  
will be on 2-3 PM.  
on Tue 2-3 PM  
at Brentwood

**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 *Robert Stevens*

Licensed Embalmer No. 4861

P. O. Address St Louis, Mo 65119

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.