

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045353

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 11862 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) ST LOUIS		c. CITY OR TOWN ST LOUIS	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INCARNATE WORD		d. STREET ADDRESS (If outside, give location) 3214 HENRIETTA	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE M DAVID			4. DATE OF DEATH Month Day Year Nov 30 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 AUG 27 1893
9. AGE (last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ST LOUIS MO	
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME JOSEPH REYBECK		13b. MOTHER'S MAIDEN NAME MARY STENGEL	
14. NAME OF HUSBAND OR WIFE ROBERT J. DAVID			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Robert J. David		Address 3214 Henrietta	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Smoking (Menard Astor Salmons)			5 yrs
DUE TO (c) Non specific Bacterial enteritis.			2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 45.0.0			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.	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 1-6-48 to 11-30-63 and last saw her ^{her} alive on 11-29-63 . Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Elmer A. Little (Degree or title)		22b. ADDRESS 3214 Henrietta St	
22c. DATE SIGNED 12-2-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 3 63	23c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
24. FUNERAL DIRECTOR E. J. SCHNUR 3125 LAFAYETTE		25. DATE RECD. BY LOCAL REG. DEC 2 1963	
26. REGISTRAR'S SIGNATURE Loed Smith, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

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