

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046037

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11718**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 5 1963

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 6 days	c. CITY OR TOWN Florissant
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1650 Tyson Dr.
3. NAME OF DECEASED (Type or print) First Mary Middle Viola Last Shuster			4. DATE OF DEATH Month Nov. Day 26, Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-25-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rustodian		10b. KIND OF BUSINESS OR INDUSTRY Custodian	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Unknown Hemmel		13b. MOTHER'S MAIDEN NAME Jenny Ward	14. NAME OF HUSBAND OR WIFE ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address John R. Shuster, 1650 Tyson Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4200
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 checked="" type="checkbox"/> NO <input 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 NW 1, 1963 to NW 26 and last saw her ^{him} alive on NW 26, 63 . Death occurred at 10 A: m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack Cokerhame M.D. (Degree or title)		22b. ADDRESS 390 W. St Anthony Flors	22c. DATE SIGNED 11/26/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-29-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary, Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. NOV 27 1963	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

*Also Jack Carbonell
Delmarianah meal. Center*

St. Louis Missouri
 6 days
 St. Louis Missouri Baptist Hospital
 Nov. 26, 1953
 Shuster
 Viola
 Mary
 Female
 White
 St. Louis, Mo. U.S.
 St. Louis, Mo.
 Unknown female
 Jenny Ward
 486-14-7150
 John R. Shuster, 1620 Tyson Dr.

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 *Penfold K. Johnson*

Licensed Embalmer No. 3395

P. O. Address *St. Louis 35 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.

St. Louis, Mo. 11-29-53
 White-Miller Mortuary, Ferguson, Mo.
 Calvary Cemetery