

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046273
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3462

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14000

24015

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chesterfield		Length of stay in 1b	c. CITY OR TOWN Ballwin,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 40 and 61		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 212 Holloway Rd.,
3. NAME OF DECEASED (Type or print) Fred Anthony Blase			4. DATE OF DEATH Nov. 11 1963
5. SEX Male	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 8/21/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry dealer retired		10b. KIND OF BUSINESS OR INDUSTRY Poultry	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) St. Louis		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Anthony Blase		13b. MOTHER'S MAIDEN NAME Mary Rechteine	14. NAME OF HUSBAND OR WIFE Lillian Blase
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. no	17. INFORMANT Lillian Blase, 212 Holloway Rd., Ballwin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE Open Verdict	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1 car accident -- car ran off highway at end of R. R. Bridge, bounced once and then went into a creek	
20c. TIME OF INJURY 5:00 p.m.	Month, Day, Year 11/11/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION Chesterfield	COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at DOA Co. Hosp. 6:13 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond N. ... Coroner		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 11/22/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/14/63	23c. NAME OF CEMETERY OR CREMATORY St. Joseph's	23d. LOCATION (City, town, or county) (State) Manchester, St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Schrader's, Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 11-12-63	26. REGISTRAR'S SIGNATURE John B. Murphy

USE BLACK INK OR TYPEWRITER RIBBON

7-570-018

RECEIVED
STATE BOARD OF HEALTH

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 Richard Bepp

Licensed Embalmer No. 4584

P. O. Address Bellewin, 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.