

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3408263-046557 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
14001	9	
28090	1	
3	2	
4 0	3	
5 1	4	
6	5	
7 1	6	
8 1	7	
9430.0	8	
10	9	
11	10	
12 48.0	11	
13	12	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY PINELLAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 30 DAYS	c. CITY OR TOWN SAINT PETERSBURG Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 PALM AVENUE NORTH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OTTO W. ROST			4. DATE OF DEATH Month Day Year NOV. 6 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 8-6-95
9. AGE (last birthday) 68 YEARS		10. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRIC ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC ENGR.	11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME WILLIAM ROST	
13b. MOTHER'S MAIDEN NAME EMILY SEIFERT		14. NAME OF HUSBAND OR WIFE ELMA T. ROST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address ST. PETERSBURG, FLORIDA		17. INFORMANT ELMA T. ROST 701 PALM AVENUE NORTH,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH 1-10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEPTIC EMBOLI			1-10 DAYS
DUE TO (c) MITRAL VEGETATION			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1-2 wks.), spleen, & kidneys. Bronchopneumonia, Cystitis			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 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. / VA attended the deceased from 10-07-63 to 11-6-63 Death occurred at 1:45 AM. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Mueller (Do not write name)		22b. ADDRESS M.I. VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 11-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 8, 1963	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries	25. DATE RECD. BY LOCAL REG. 11-6-63	26. REGISTRAR'S SIGNATURE John B. Murphy	
7814 So. Broadway St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

John S. Denney

Licensed Embalmer No. 4194

P. O. Address St. Louis, 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.