

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049450

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12877**

STATE FILE NUMBER

FILED JAN 6 1964

VS 300
Rev. 4/59

1
2 **2109**
3
4 **1**
5 **1**
6
7 **1**
8 **2**
9
10
11
12 **75-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 60 Years	c. CITY OR TOWN St. Louis,
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4102a No. Grand Blvd.
3. NAME OF DECEASED (Type or print) First FLORENCE Middle AUGUSTA Last GIESELMAN		4. DATE OF DEATH Month 12 Day 26 Year 63	
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 3-12-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Illinois
13a. FATHER'S NAME Joseph Miller		13b. MOTHER'S MAIDEN NAME Cynita Benefield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mr. Henry C. Gieselman, 4102a No. Grand	
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) Bronchopneumonia, staphylococcal		10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral infarction	
		DUE TO (c) Cerebral arteriosclerosis, 332xH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of left breast.		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.	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 12/15/63 to 12/26/63 and last saw her/him alive on 12/26/63 Death occurred at 1:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Smith, M.D. (Degree or title)		22b. ADDRESS 1515 LAFAYETTE AVENUE	22c. DATE SIGNED 12/26/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 30, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Bl. ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 27 1963	26. REGISTRAR'S SIGNATURE Doan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

SMITH

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 E. Mulliman

Licensed Embalmer No. 4916

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.