

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049810

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12997

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59.

1

2 21

3

4 1

5 17

6

7 0

8 2

9

10

11

12 61-0

13

61

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

FILED JAN 9 1964

1. **CITY OF ST. LOUIS**

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) - Length of stay in -
 OR TOWN **St. Louis, Mo.**

c. FULL NAME OF (If NOT in hospital, give location) Hospital OR INSTITUTION **Firmin-Desloge Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3122 Shenandoah Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
 (Type or print) **Harriet Nevill**

4. DATE OF DEATH Month Day Year
12 29 63

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-27-86** 9. AGE (last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **(Nevill, Jeremiah)** 13b. MOTHER'S MAIDEN NAME **(Mc Mahon, Catherine)** 14. NAME OF HUSBAND OR WIFE **None**

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. **Yes** 17. INFORMANT Address **Mrs. Virginia Malle 3113a Sherandosh**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **metastatic carcinoma of breast**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **170x**
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **Dec. 27, 1963** to **Dec. 29, 1963** and last saw her **alive** on **Dec. 29**
 Death occurred at **9:00** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **G. Garry Robben** (Degree or title) **M.D.** 22b. ADDRESS **1325 S Grand** 22c. DATE SIGNED **12-29-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-2-64** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **McLaughlin** ADDRESS **2301 Lafayette A ve. St. Louis, Missouri** 25. DATE RECD. BY LOCAL REG. **DEC 30 1963** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

INSTITUTION OF PROFESSIONAL EMBALMERS

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 _____

James R. Chapman

Licensed Embalmer No. 4557

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.