

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049997

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12302

FILED DEC 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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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  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in (b)  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis  
 c. CITY OR TOWN Florissant Inside Limits Yes  No   
 d. STREET ADDRESS 11 Orchard Drive Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Anita J Stern  
 4. DATE OF DEATH Dec. 11, 1963 Month Day Year  
 5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 10-25-22 9. AGE (last birthday) 41 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Bellflower, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME Emmett Owen 13b. MOTHER'S MAIDEN NAME Bertha Morriss 14. NAME OF HUSBAND OR WIFE Jack Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of none) 16. SOCIAL SECURITY NO. 17. INFORMANT Jack Stern Address Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Heart Failure INTERVAL BETWEEN ONSET AND DEATH 3hrs.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic Stenosis & mitral insufficiency 10 years  
 DUE TO (c) Rheumatic heart disease 10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X  
 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 12/7/63 to 12/11/63 and last saw her/him alive on 12/11/63  
 Death occurred at 6:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Harlock M.D. 22b. ADDRESS 1325 S. Grand St. Louis 4, Mo. 22c. DATE SIGNED 12/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-14-63 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS White-Mullen Ferguson, Mo. 25. DATE RECD. BY LOCAL REG. DEC 12 1963 26. REGISTRAR'S SIGNATURE Neal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

31.10.1963

11.10.1963

11.10.1963

11-10-63

x

**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 K. Lehmann

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.

11.10.1963