

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 390 63-050177

FILED JAN 3 1964

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 ST. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton Length of stay in lb YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8011 Crestway Dr. Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST. Louis
c. CITY OR TOWN Affton Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 8011 Crestway Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ellen Middle Conner Last Conner 4. DATE OF DEATH Month Dec. Day 21 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Sept. 2, 1895 9. AGE (last birthday) 68 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) Food server 10b. KIND OF BUSINESS OR INDUSTRY St. Lukes Hospital 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE UNKNOWN

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. [redacted] 17. INFORMANT Bessie Doll Address 8011 Crestway

18. CAUSE OF DEATH (Enter only one cause plus immediate cause (a) and underlying cause (b) or (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction a few minutes
DUE TO (b) Coronary Arteriosclerosis several years
DUE TO (c) Generalized Arteriosclerosis many years
INTERVAL BETWEEN ONSET AND DEATH

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 Nov 26, 1956 to December 21, 1963 and last saw her alive on October 8, 1963
Death occurred at 4:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lu L. Hacker MD 22b. ADDRESS 8563 Pitt Center, St Louis 25 22c. DATE SIGNED 12/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 23, 1963 23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard 23d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.

24. FUNERAL DIRECTOR Witt Mortuary ADDRESS 6409 Gravois 25. DATE RECD. BY LOCAL REG. 12-21-63 26. REGISTRAR'S SIGNATURE John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DR. Leo Wacker.
3563 Rite Center

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

Law M. Sizemore

Licensed Embalmer No. 4343

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.