

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004022

STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Koch</u>		c. CITY OR TOWN <u>St. Louis</u> <u>216^{ci}</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4442 a Manchester</u>	
3. NAME OF DECEASED (Type or print) First <u>Jane</u> Middle <u>Lenora</u> Last <u>Pope</u>		4. DATE OF DEATH Month <u>January</u> Day <u>4</u> Year <u>1959</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-19</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>beauty operator</u>		9b. AGE (In years last birthday) <u>39</u>	9c. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. KIND OF BUSINESS OR INDUSTRY <u>Weber Beauty Salon</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>(Potthoff, Oscar - foster parent)</u>		14. MOTHER'S MAIDEN NAME <u>(Hoeger, Helen - foster Parent)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no None</u>		16. SOCIAL SECURITY NO. <u>488-16-7834</u>	
17. INFORMANT <u>Records of Robert Koch Hospital, Koch, Mo.</u>		Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs. ?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>345x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Second degree burn of right upper forearm; Obstruction of bladder neck; pyelonephritis; optic atrophy</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>Patient lights a match, dropping it, her gown caught on fire.</u>	
20c. TIME OF INJURY Hour <u> </u> Month <u>1</u> Day <u>3</u> Year <u>59</u> a. m. <u> </u> p. m. <u> </u>		

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 <u>10-3-58</u> to <u>1-4-59</u> and last saw her <u>alive</u> on <u>1-4-59</u> Death occurred at <u>7:25 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Harold E. Russell, M.D.</u> (Doctor or Aile)		22b. ADDRESS <u>Koch Hosp Koch Mo</u>		22c. DATE SIGNED <u>1/5/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan. 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Kriegshauser 4228 S. Kingshighway</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-5-59</u>	25. REGISTRAR'S SIGNATURE <u>Herbert R. Drake M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *1234*

P. O. Address *1234 St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.