

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012236

FILED VS APR 7 1960

STATE FILE NUMBER

Registration District No. 2/10 Primary Registration District No. 6051 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY ST. CHARLES			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Length of stay in lb 9 MONTHS	c. CITY OR TOWN GLENDALE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 801 HAWBROOK, AVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AMY Middle E. Last SAMPSON			4. DATE OF DEATH Month MARCH Day 29 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC. 23, 1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR 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) MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME FRANK FELIX		13b. MOTHER'S MAIDEN NAME LUCY HARDESTY		14. NAME OF HUSBAND OR WIFE EDWARD J. SAMPSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Theraphil Stoenke, ST. CHARLES, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerotic heart disease DUE TO (b) cardiac decompensation DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis					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 Nov - 1 - 58 to 3 - 29 - 60 and last saw her/him alive on 3 - 28 - 60 Death occurred at 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Charge or title) George E. Kistler MD			22b. ADDRESS St Charles Mo		22c. DATE SIGNED 3-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAR. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		
24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 S. KINGS HIGHWAY			25. DATE RECD. BY LOCAL REG. MAR 30 - 60	26. REGISTRAR'S SIGNATURE Marella Wilson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1961

APR 8 1960

MAY 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Geo. H. Kuephausen, Jr.

Licensed Embalmer No. 4988

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.