

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013485

FILED VS APR 5 1960 317

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 931 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	ST. Louis	a. STATE	Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	KIRKWOOD	c. CITY OR TOWN	ST. Louis
Length of stay in 1b		Inside Limits	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION	ST. JOSEPH'S Hosp.	d. STREET ADDRESS	(If outside, give location) 3201 IOWA
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
MINNIE			MAR.	16
			Year	1960
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
FEMALE	WHITE		11-10-1890	69
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
RETIRED LAUNDRY WORKER			ILLINOIS	U.S.A.
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
JACOB ROTH		ELIZABETH LUCAS		JOHN NOLL
15. WAS/DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address	
No		495-26-7073	JOHN NOLL 3201 IOWA	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		8 minutes
acute myocardial anoxia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	6 wks
	old anterior infarct + healing posterior infarct	
	DUE TO (c)	4201
	diabetes	

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.	
diabetes mellitus; liver fibrosis		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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	Month, Day, Year	
	a.m.		
	p.m.		

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 3/3/59 to 3/16/60 and last saw her him alive on 3/16/60				
Death occurred at 4:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED
Notarwan B. Kypessner MD		3284 Wanchae		3/18/60
23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
BURIAL	MAR 19, 1960	SUNSET BURIAL PARK	ST. Louis Co. Mo.	
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Thomas Kutis	2906 Gravois	3-19-60	John C. Murphy M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

12 30 - 4:00 P.M.  
Prickley

**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 E. Euan Province

Licensed Embalmer No. 3403

P. O. Address 2906 Pa

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.