

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031079

STATE FILE NUMBER

Filed AUG 28 1961 Primary Registration District No. 1003 Registrar's No. 7794

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN ST. LOUIS		Length of stay in lb 23 DAYS	c. CITY OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 411 TAYLOR AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last EMILY J. SAMSON			4. DATE OF DEATH Month Day Year AUG. 20, 1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-26-93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE CO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PETER KIEFER		13b. MOTHER'S MAIDEN NAME LAURA BADER		14. NAME OF HUSBAND OR WIFE OLIVER SAMSON	
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.		17. INFORMANT Address OLIVER SAMSON CRYSTAL CITY, 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) <i>Myeloma</i> DUE TO (b) <i>Nephrosclerosis</i> DUE TO (c) <i>Arterio Sclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>+46x</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 wch.</i> <i>6 yrs</i> <i>6 yrs</i>
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 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 <i>9:30 p.m.</i> <i>8-20-1961</i> and last saw her <i>alive on</i> <i>8-20-61</i> Death occurred at <i>9:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Carl J. Kern MD</i> (Degree or title)			22b. ADDRESS <i>1844 Hingohighway</i>		22c. DATE SIGNED <i>8-22-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>8-24-61</i>	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC		23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.	
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. AUG 22 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	

MEDICAL CERTIFICATION

SEP 6 1961.

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 Gentry R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal Cit

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.