

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

-61-038767

STATE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

9918

AMENDED

FILED NOV 8 1961

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 <i>MISSOURI</i> b. COUNTY <i>St Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Length of stay in 1b <i>1 DAY</i>		c. CITY OR TOWN <i>LEMAP</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST ANTHONY HOSPITAL</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>8610 SHOSS AV.</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>JANET ANN TASPER</i>				4. DATE OF DEATH Month Day Year <i>OCT-24-1961</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT-3-1961</i>	9. AGE (last birthday) <i>0</i>	IF UNDER 1 YEAR Months Days <i>1 21</i>	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <i>NIL</i>	11. BIRTHPLACE (City and state or country) <i>ST LOUIS MO</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>EDWARD TASPER</i>			13b. MOTHER'S MAIDEN NAME <i>BARBARA HOPPE</i>		14. NAME OF HUSBAND OR WIFE <i>- NIL -</i>		
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. <i>NIL</i>	17. INFORMANT Address <i>EDWARD TASPER 8610 SHOSS AV. LEMAP 25 MO</i>			
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>Intestinal obstruction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Congenital Volvulus</i> DUE TO (c) <i>570.3</i> 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. <input type="checkbox"/> Yes <input 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 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.) <i>Birth</i>		20f. CITY, TOWN, OR LOCATION <i>Death</i>		COUNTY		STATE	
21. I attended the deceased from <i>Birth</i> to <i>Death</i> and last saw her him alive on <i>Oct 24 61</i> Death occurred at <i>10:30 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. B. Kellett MD</i> (Degree or title)				22b. ADDRESS <i>-2623 Telegraph</i>		22c. DATE SIGNED <i>10-26-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>OCT-27-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>		23d. LOCATION (City, town, or county) <i>AFFTON, MO</i>		(State)
24. FUNERAL DIRECTOR <i>FEY FUNERAL HOME, MEHLVILLE MO</i>				25. DATE RECD. BY LOCAL REG. <i>OCT 26 1961</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

**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

*Gustav W. Suter*

Licensed Embalmer No. 4329

P. O. Address St Louis

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.