

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046615

FILED DEC 18 1961

318

1003

11505

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9305 Brenda	
3. NAME OF DECEASED (Type or print) First Angela Middle - Last Marshall		4. DATE OF DEATH Month 12 - Day 10 - Year 61					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-8-61	9. AGE (last birthday)	IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HR Hours 40 Min.	
10a. 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) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Edward Marshall			13b. MOTHER'S MAIDEN NAME Peggy Sue Jaynes			14. NAME OF HUSBAND OR WIFE -	
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 Peggy Marshall		Address 9305 Brenda	
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) Ana Cephalus							33 weeks
and DUE TO (b) Inter parietal Encephalocoele							30 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 750+							
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 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 Dec 8-1961 to Dec 10-1961 and last saw her/him live on Dec 10-1961 Death occurred at 8:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James P. Wenzel M.D. (Degree or title)				22b. ADDRESS 5203 Chippewa St.		22c. DATE SIGNED 12-11-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-11-61		23c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR John L. Ziegenhein & Sons				ADDRESS 7027 Gravois Ave.		25. DATE RECD. BY LOCAL REG. DEC 11 1961	
26. REGISTRAR'S SIGNATURE Loard Smith, M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Donald B. [Signature]
Licensed Embalmer No. 04963
P. O. Address [Signature]

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.