

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-002408**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 7

STATE FILE NUMBER

AMENDED

**FILED JAN 16 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JEFFERSON</b>	a. STATE <b>MO</b>	b. COUNTY	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>	Length of stay in 1b <b>4 MONTHS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FOUR OAKS REST HOME</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>308 BELLERIVE</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>LENA</b>	Middle <b>STILES</b>	Last	Month <b>JAN</b>	Day <b>11</b>
			Year <b>1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced	8. DATE OF BIRTH <b>MAR 28 1869</b>	9. AGE (last birthday) <b>92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>

13a. FATHER'S NAME <b>GEORGE ILLIOT</b>	13b. MOTHER'S MAIDEN NAME <b>AMANDA HOWARD</b>	14. NAME OF HUSBAND OR WIFE <b>DEC.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO ONE</b>	17. INFORMANT <b>SUSAN DALLAS 308 BELLERIVE</b>
		Address <b>ST LOUIS MO</b>

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)	<b>Cerebral Vascular accident</b>	<b>1 day</b>
DUPLICATE TO (b)	<b>Pt Middle Cerebral artery thrombosis</b>	<b>1 day</b>
DUPLICATE TO (c)	<b>Cerebral arterial Sclerosis</b>	<b>10 yrs</b>
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 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 <b>ST. LOUIS</b>	COUNTY <b>ST. LOUIS</b>	STATE
21. I attended the deceased from <u>1/11/62</u> to <u>1/12/62</u> and last saw her alive on <u>1/12/62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Charles Burnside M.D.</b>	(Degree or title)	22b. ADDRESS <b>206 W. Agnew Westwood 22</b>	22c. DATE SIGNED <b>1/12/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JAN 12 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAKE WOOD PARK</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS COUNTY</b>
24. FUNERAL DIRECTOR <b>SOUTHERN</b>	ADDRESS <b>ST LOUIS MO</b>	25. DATE RECD. BY LOCAL REG. <b>1-11-62</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

JAN 18 1962

**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 Alfred Van Fossan

Licensed Embalmer No. 45-40

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.