

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004062

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1391

FILED FEB 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST LOUIS</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>MEHLVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>ST ANTHONY HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT 9 - Box 284</u>

3. NAME OF DECEASED (Type or print) First <u>BABY</u> Middle <u>GIRL</u> Last <u>KOSTE</u>			4. DATE OF DEATH Month <u>JAN</u> - Day <u>30</u> - Year <u>1962</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN-30-1962</u>	9. AGE (last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>12</u> 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) <u>ST LOUIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>DAVID KOSTE</u>		13b. MOTHER'S MAIDEN NAME <u>LINDA MATCHETT</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>DAVID KOSTE</u> Address <u>RT 9 - Box 284 MEHLVILLE, MO</u>
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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 <u>four hours</u>
IMMEDIATE CAUSE (a)	<u>Hyaline membrane disease of lungs - leading to respiratory difficulty + acute myocardial failure.</u>	
DUE TO (b)		
DUE TO (c)		

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	
<u>762.0</u>			

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.) <u>none</u>
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20c. TIME OF INJURY Hour <u>5:05pm</u> Month, Day, Year <u>1/30/62</u>	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 <u>MEHLVILLE</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>Birth at 5:31am 1/30/62</u> to <u>5:05pm 1/30/62</u> and last saw her <u>alive on 1/30/62</u>

21. Death occurred at <u>5:05pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>W. J. Stawie M.D.</u>	(Degree or title)	22b. ADDRESS <u>3804 Wilmingten Ave</u>	22c. DATE SIGNED <u>1-31-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JAN-31-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEM</u>	23d. LOCATION (City, town, or county) <u>MEHLVILLE MO</u>	(State)
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24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME</u>	ADDRESS <u>MEHLVILLE MO</u>	25. DATE RECD. BY LOCAL REG. <u>1-31-62</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
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 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 _____
No EMBALMING
PER Paul [Signature]
Licensed Embalmer No. _____

P. O. Address _____

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.