

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004513

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED FEB 7 1962

Primary Registration District No. **1003**

Registrar's No. **1267**

STATE FILE NUMBER

AMENDED

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis | | c. CITY OR TOWN ST. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN HOSPITAL | | d. STREET ADDRESS (If outside, give location) 2823 S. 18TH | |

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle SEVER Last | | | 4. DATE OF DEATH Month JAN Day 28 Year 1962 | | |
| 5. SEX Male | 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 3-6-1895 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) RETIRED SHOP WORKER | | 10b. KIND OF BUSINESS OR INDUSTRY Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |

| | | |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE KATHERINE SEVER |
|--------------------------------------|---|---|

| | | |
|---|-------------------------|--|
| 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 KATHERINE SEVER 2823 S. 18TH |
|---|-------------------------|--|

| | | |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastric Cancer old age DUE TO (b) 151X DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 6 mo |
|---|--|---|

| | | |
|---|--|--|
| 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 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 Nov 1 - 62 to Jan 28 - 62 and last saw her alive on Jan 27 - 62 Death occurred at 8:55A. on the date stated above, and to the best of my knowledge, from the causes stated. | | |
|---|--|--|

| | | |
|--|---------------------------------------|------------------------------------|
| 22a. SIGNATURE J. S. Pyne M.D. (Degree or title) | 22b. ADDRESS 27524 cherokee | 22c. DATE SIGNED 1-29-62 |
|--|---------------------------------------|------------------------------------|

| | | | |
|---|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE JAN 31, 1962 | 23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. | 23d. LOCATION (City, town, or county) (State) ST. Louis Mo. |
|---|----------------------------------|--|---|

| | | |
|--|--|--|
| 24. FUNERAL DIRECTOR Thomas Kutsis 2906 Morris | 25. DATE RECD. BY LOCAL REG. JAN 29 1962 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |
|--|--|--|

DATE AMENDED
#4
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

PR 2-0244

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 Eleanore Poince

Licensed Embalmer No. 3403

P. O. Address 2906 Grover

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.