

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008064

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2136**  
**FILED MAR 7 1962**

VS 300 Rev. 4/59  
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DATE AMENDED  
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		d. STREET ADDRESS <i>218 1/2 S. 4th St</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>U.O. &amp; Hosp =</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Otto</i> Middle <i>Fritz</i> Last <i>Ahke</i>		4. DATE OF DEATH Month <i>5</i> Day <i>6</i> Year <i>62</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
9. AGE (from birthday)		IF UNDER 1 YEAR Months <i>10</i> Days	IF UNDER 24 HR Hours <i>10</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>WR</i>	11. BIRTHPLACE (City and state or country) <i>WR</i>
12. CITIZEN OF WHAT COUNTRY <i>WR</i>		13a. FATHER'S NAME <i>WR</i>	
13b. MOTHER'S MAIDEN NAME <i>WR</i>		14. NAME OF HUSBAND OR WIFE <i>WR</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO. <i>WR</i>	
17. INFORMANT <i>Helen L Taylor</i>		Address <i>1300 Clark</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>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Heart disease</i>			
DUE TO (c) <i>Generalized Arterio Sclerosis</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 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 <i>4:20</i> 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>6:45</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Helen L Taylor, Coroner</i> (Degree or title)		22b. ADDRESS <i>1300 Clark Ave.</i>	
22c. DATE SIGNED <i>2-13-62</i>			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <i>Reburied in Park Mortuary Service</i>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24. FUNERAL DIRECTOR <i>4104 Maple St. St. Louis 10, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 23 1962</i>	
		26. REGISTRAR'S SIGNATURE <i>Boyd Smith, M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

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.