

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008304
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2587

VS 300
Rev. 4/59

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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

74

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED MAR 15 1962

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3-wks.

c. CITY OR TOWN St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3626a Watson Rd. Reside on Farm Yes No

3. NAME OF DECEASED First William Middle C. Last Kembugler

4. DATE OF DEATH Month Mar. Day 4, Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/26/00 9. AGE (last birthday) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Donut Maker Employee 10b. KIND OF BUSINESS OR INDUSTRY food 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Kembugler 13b. MOTHER'S MAIDEN NAME Anna Hunning 14. NAME OF HUSBAND OR WIFE Julia Kembugler

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. unknown 17. INFORMANT Address Julia Kembugler - 3626a Watson Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis & Myocardial infarction
Coronary thrombosis & Myocardial infarction
coronary atherosclerosis
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) 420.1H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Carcinoma of larynx
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 11:15 Month, Day, Year March 4, 1962
a.m. 11:15 p.m. 11:15

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35H Central Christian Ch. 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE Missouri

21. I attended the deceased from 1957 to March 4 and last saw her alive on March 4, 1962
Death occurred at 10:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward A. Munsch, M.D. 22b. ADDRESS 35H Central Christian Ch. 22c. DATE SIGNED 3-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Mar. 8, 1962 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave. 25. DATE RECD. BY LOCAL REG. MAR 7 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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

Clarence M. Bills

Licensed Embalmer No. 4375

P. O. Address St. Louis 23, 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.