

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008583

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2277** STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4. PLACE OF DEATH **7 1962**

a. COUNTY **Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only) **ST. Louis** Length of stay in 1b

c. CITY OR TOWN **ST. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) **1110² Franklin Ave.** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **1110² Franklin Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First **Ruth** Middle **Pierce** Last **Pierce** 4. DATE OF DEATH Month **Feb.** Day **25** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **March 8, 1898** 9. AGE (last birthday) **63** IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Princeton, Indiana** 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 **UNKNOWN**

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. **NONE** 17. INFORMANT **Dorothy Killenberg 1145 Valdmore (26)** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Arterio Sclerotic heart Disease** DUE TO (b) **Arterio Sclerosis** DUE TO (c) **7200** INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes N. 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 a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at **10⁰⁰ A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **2-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb. 27 1962** 23c. NAME OF CEMETERY OR CREMATORY **St. Matthew's Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Will Matney** ADDRESS **6409 Gravois Ave.** 25. DATE RECD. BY LOCAL REG. **FEB 26 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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 John J. Haines
Licensed Embalmer No. 4108
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.