

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009100

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 377 Primary Registration District No. 500 Registrar's No. 673

FILED MAR 8 1962

VS 300
Rev. 4/59

14031
24031/2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt;">St. Louis</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt;">Normandy</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 18pt;">Normandy</p>	
Length of stay in 1b <p style="text-align: center; font-size: 18pt;">YRS</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt;">13 Bellerive Acres</p>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt;">13 Bellerive Acres</p>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <p style="text-align: center; font-size: 18pt;">JOSEPHINE EISTRUP</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 18pt;">February 24 1962</p>
5. SEX <p style="text-align: center; font-size: 18pt;">female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 18pt;">white</p>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt;">9/15/1888</p>
9. AGE (last birthday) <p style="text-align: center; font-size: 18pt;">73</p>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 18pt;">at home</p>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt;">St. Louis, Mo.</p>		12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt;">USA</p>	
13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt;">Pete Dadenhof</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt;">----- Wittier</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt;">-----</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 18pt;">no</p>	
16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 18pt;">none</p>		17. INFORMANT Address <p style="text-align: center; font-size: 18pt;">Filipino Fuchs 13 Bellerive Acres</p>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 18pt;">Coronary occlusion</p>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center; font-size: 18pt;">30 min.</p>
DUE TO (b) <p style="text-align: center; font-size: 18pt;">arteriosclerotic heart disease</p>			- 3-4 years
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 checked="" 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 <p style="text-align: center; font-size: 18pt;">St. Louis</p>		COUNTY <p style="text-align: center; font-size: 18pt;">St. Louis</p>
20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from <u>1955</u> to <u>2-24-62</u> and last saw her alive on <u>2-24-62</u> Death occurred at <u>4:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <p style="text-align: center; font-size: 18pt;">Anthony V. Bemrose MD</p>		22b. ADDRESS <p style="text-align: center; font-size: 18pt;">3400 N. Kingshighway</p>	
22c. DATE SIGNED <p style="text-align: center; font-size: 18pt;">2-24-62</p>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 18pt;">burial</p>	23b. DATE <p style="text-align: center; font-size: 18pt;">2/26/1962</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 18pt;">New St Marcus Cemetery</p>	
23d. LOCATION (City, town, or county) <p style="text-align: center; font-size: 18pt;">St. Louis County, Mo.</p>		23e. STATE <p style="text-align: center; font-size: 18pt;">Mo.</p>	
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 18pt;">John L Ziegenhein & Sons</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 18pt;">2-26-62</p>	
24. FUNERAL DIRECTOR		26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 18pt;">John B. Murphy M.D.</p>	
24. FUNERAL DIRECTOR		26. REGISTRAR'S SIGNATURE	

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 Donald Bony

Licensed Embalmer No. 4863

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.