

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009109

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered on Death No. **367** Primary Registration District No. **500** Registrar's No. **727**

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEHLVILLE		Length of stay in 1b 6 YRS.	c. CITY OR TOWN MEHLVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3022 YAEGER RT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3022 YAEGER RT.
3. NAME OF DECEASED (Type or print) First Middle Last SARAPHINE E. FINDER		4. DATE OF DEATH Month Day Year MARCH - 1 - 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-23-1909
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) MOSELLE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN FINDER	
13b. MOTHER'S MAIDEN NAME MARY ANN FISHER		14. NAME OF HUSBAND OR WIFE NIL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NIL		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ELEONORA FELDMANN 3022 YAEGER RT. So Louis 89 Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute dilatation of heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerotic heart disease DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH several days several years
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 COUNTY STATE
21. I attended the deceased from 2-27-62 to 3-1-62 and last saw her ^{her} _{him} alive on 3-1-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Erwin D. Crechels MD (Degree or title)		22b. ADDRESS 154 Lemay Ferry Rd	22c. DATE SIGNED 3-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR-3-1962	23c. NAME OF CEMETERY OR CREMATORY SACRET HEART CEM	23d. LOCATION (City, town, or county) (State) WILHELMINA MO
24. FUNERAL DIRECTOR ADDRESS Fey FUNERAL HOME MEHLVILLE MO		25. DATE RECD. BY LOCAL REG. 3-1-62	26. REGISTRAR'S SIGNATURE John C. Murphy MD

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS 300
 Rev. 4/59
 14000
 24000
 3
 4 1
 5 0
 6
 7 0
 8 2
 94200
 10
 11
 1290.0
 13

USE BLACK INK OR TYPEWRITER RIBBON
 5-22-62
 1-31-62

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.