

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012669

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3307 STATE FILE NUMBER

**FILED APR 12 1962**

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b  
 c. CITY OR TOWN E. St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 707 Trendley Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Dorothy Middle Marie Last Garth 4. DATE OF DEATH Month March Day 25 Year 1962

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-25-62 9. AGE (last birthday) 7 IF UNDER 1 YEAR Months 7 Days 13 IF UNDER 24 HR Hours 13 Min. 13

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

13a. FATHER'S NAME legally omitted 13b. MOTHER'S MAIDEN NAME Lucille Garth 14. NAME OF HUSBAND OR WIFE none

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 Lucille Garth Address 707 Trendley Ave. E. St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Intermittent asphyxiation  
 (b) Premature separation of placenta  
 (c) 761.5  
 Conditions, if any, which give 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  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 7:50 a.m. pm Month, Day, Year 3-25-62

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 St. Louis COUNTY St. Louis STATE Ill.

21. I attended the deceased from 3-25-62 to 3-25-62 and last saw her alive on 3-25-62  
 Death occurred at 7:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leon H. Reed 22b. ADDRESS 1410 Broadway, E. St. Louis, Ill. 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/30/62 23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory 23d. LOCATION (City, town, or county) (State) Stoakey Township, Ill.

24. FUNERAL DIRECTOR Marion's Office ADDRESS 2114 Missouri Ave. E. St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. MAR 28 1962 26. REGISTRAR'S SIGNATURE Leon Smith, M.D.

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

**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 Frank Prokopff

Licensed Embalmer No. 4356

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.