MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013710

FILED MAR 19 1962

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 797

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4031
2 4031
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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1004 Bermuda Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1004 Bermuda Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HELEN — Middle — Last URANI

4. DATE OF DEATH: Month Mar. Day 7, Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/17/99
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (City and state or country): Illnois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Mann
13b. MOTHER'S MAIDEN NAME: Rebecca (Unknown)
14. NAME OF HUSBAND OR WIFE: Clement Urani

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: Clem Urani — Address: 1004 Bermuda Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	5 days
DUE TO (b)	Arterio-schrotic Heart Disease	15 yrs.
DUE TO (c)	Rheumatoid Arthritis	23 yrs.

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 ☒ 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 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 March 2 1962 to March 7 1962 and last saw her/him alive on March 6 1962
Death occurred at 9 25 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Crush McAdam M.D.
22b. ADDRESS: 7516 Florissant Road Normandy Mo.
22c. DATE SIGNED: 3/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/10/62
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county): St. Louis County (State): Mo.

24. FUNERAL DIRECTOR: Cullen Kelly — ADDRESS: 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG.: 3-8-62
26. REGISTRAR'S SIGNATURE: [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lemmer

Licensed Embalmer No. 4142

P. O. Address St Louis

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.