

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013740

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 973

STATE FILE NUMBER

VS 300 Rev. 4/59

1 4002
2 4003
3 2
4 3
5 3
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7 0
8 2
9 345X
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12 45-0
13

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u>		Length of stay in lb OR TOWN <u>5D.Y.S</u>	c. CITY OR TOWN <u>Kirkwood</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Louis CO. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>150 Alsobrook</u>
3. NAME OF DECEASED (Type or print) First <u>Mamie</u> Middle <u>Zampier</u> Last <u></u>		4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-25-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	9. AGE (last birthday) <u>65</u>
13a. FATHER'S NAME <u>Freeman Ming</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Hinkle</u>	11. BIRTHPLACE (City and state or country) <u>Kirkwood Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
17. INFORMANT <u>Alonza Zampier</u>		Address <u>501 Alsobrook</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal inanition</u> DUE TO (b) <u>Chronic pyelonephritis</u> DUE TO (c) <u>Multiple sclerosis.</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>			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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <u></u> Month, Day, Year <u></u>			
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 <u>3-14-62</u> to <u>3-20-62</u> and last saw her/him alive on <u>3-20-62</u> Death occurred at <u>3:00 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Alfred Lawrence MD.</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton, 5, Mo.</u>	22c. DATE SIGNED <u>3/20/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Crestwood Mo</u>
24. FUNERAL DIRECTOR <u>John W. Hemphill</u>		ADDRESS <u>408 S. Fillmore Ave</u>	25. DATE RECD. BY LOCAL REG. <u>3-24-62</u>
26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD.</u>			

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 Jeffrey E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4645 St. Ferdinand
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.