MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-016707
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4434

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1.
24006 3 U
3
4 1
5 1
6
7 0
8 1
9
10
11
12 68-0
13

68

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7527 Drexel — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROSE Middle JUSTINE Last DAISH
4. DATE OF DEATH: Month April Day 29 Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/25/1895
9. AGE (last birthday): 67 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): St.Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Brunsmann
13b. MOTHER'S MAIDEN NAME: Anna Frank
14. NAME OF HUSBAND OR WIFE: George Daish Jr
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: George Daish Jr, 7527 Drexel U,City,Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: Several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~ Diffuse peritonitis — 3 weeks?
DUE TO (c) Rupture of bladder — 3 weeks?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): abscess of mesentary 181.0
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 3/23/62 to 4/29/62 and last saw her/~~him~~ alive on 4/29/62
Death occurred at Missouri Baptist Hosp 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: A J Steiner (Degree or title) MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 4/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5/2/1962
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County Mo.
24. FUNERAL DIRECTOR ADDRESS: C.R.Lupton and sons 7233 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: APR 30 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

City Daish

Dr.Steiner 3720 Washington

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.