

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3948 - 62-016939

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED APR 25 1962

1003

VS 300
Rev. 4/59

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STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY H OSP. #1				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1917 S. 18TH ST				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) JOSEPH			First			Middle			Last			4. DATE OF DEATH Month 4 Day 14 Year 62		
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH OCT 14 1888		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BREWERY WORKER				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 UNKNOWN				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE KATHERINE KEHRES						
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.				17. INFORMANT HENRY KEHRES 3514TH CONNECTICUT						
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) MASSIVE HEMOPTYSIS														
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS DUE TO (c) 002.1														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMOTIC HEART DISEASE WITH ATRIAL STENOSIS										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 4-11-62 to 4-14-62 and last saw her/him alive on 4-14-62 Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <i>J. E. Smith</i> M.D.						22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 4-14-62					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE APR. 17 1962		23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW'S CEM.			23d. LOCATION (City, town, or county) ST. LOUIS MO.		23e. (State)				
24. GENERAL DIRECTOR <i>Thomas Kutis 2906 Gravois</i>						25. DATE RECD. BY LOCAL REG. APR 18 1962		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>						

USE BLACK INK OR TYPEWRITER RIBBON

1245-0

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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 Eleanor Poivnee

Licensed Embalmer No. 3403

P. O. Address 2906 Graves

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.