MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-017446
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1230

FILED APR 27 1962

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur — Length of stay in Ib: 1 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Evergreen Nursing — 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 Chesterfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Olive & White Rds. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Louisa Middle: Last: Autenrieth
4. DATE OF DEATH Month 4 Day 19 Year 62
5. SEX F.
6. COLOR OR RACE W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12/15/18 75
9. AGE (last birthday) 86 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) St. Louis County
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. Sellenriek
13b. MOTHER'S MAIDEN NAME Hanna Schoettler
14. NAME OF HUSBAND OR WIFE Adolph Autenrieth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Herbert Autenrieth Address Chesterfield, Mo.

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) Acute congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Cardiovascular disease
DUE TO (c)
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 Dec. 1961, to April 19 1962 and last saw her/him alive on April 19, 1962
Death occurred at 5:00 PM 4/19/62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence L. Clark MD
22b. ADDRESS 550 New Ballas Rd.
22c. DATE SIGNED 4/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Buriel
23b. DATE 4/23/62
23c. NAME OF CEMETERY OR CREMATORY St. John Cem.
23d. LOCATION (City, town, or county) (State) Bellefontaine, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader F.H., Ballwin, Mo.
25. DATE RECD. BY LOCAL REG. 4-20-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4019		
2	4600		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	4221		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF DOCUMENT

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.