

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021525

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1577

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 15 1962	
1. PLACE OF DEATH	
a. COUNTY ST. LOUIS	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN LEMAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose	
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 checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 4415 Pershing	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
BEulah YORe STANSEL	
4. DATE OF DEATH	
5-24-62	
5. SEX F	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/16/70
9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days 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) ALABAMA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ?	13b. MOTHER'S MAIDEN NAME ?
14. NAME OF HUSBAND OR WIFE SAM.	
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. -0-	
17. INFORMANT Mrs. Richard HATTON	
Address 4415 Pershing	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) INTRINSIC ASTHMA +	
DUE TO (c) CONGESTIVE FAILURE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC PYELONEPHRITIS & AZOTEMIA	
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 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 JULY 1, 1961 to MAY 24, 1962 and last saw her/him alive on MAY 24, 1962 Death occurred at 10:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) R. William Burmeister M.D.	
22b. ADDRESS 634 N. Grand	
22c. DATE SIGNED 5/25/62	
23a. BURIAL, CREMATION, REMOVAL (Specify)	
REMOVAL	
23b. DATE 5/26/62	
23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR Rowland - Ogden	
ADDRESS 4106 Manchester	
25. DATE RECD. BY LOCAL REG. 5-25-62	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Phillip H Ogden

Licensed Embalmer No. ms. 5170

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.