

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-024930
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 5759

Registration District No. 318
JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 203
3
4 1
5 2
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7 0
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12 76-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION
BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 wks.	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRONIC HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2198 Clifton		
3. NAME OF DECEASED (Type or print) First Middle Last Josephine CAROLINE Mahen			4. DATE OF DEATH Month Day Year 6-7-62			
5. SEX Female	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 10-29-1872	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Fred Orth		13b. MOTHER'S MAIDEN NAME Mary L. WARDENBURG		14. NAME OF HUSBAND OR WIFE JOSEPH C. MAHEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.	17. INFORMANT (Pre-arranged) JOSEPHINE CAROLINE MAHEN		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Coronary artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 1 hour	
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. <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 Month, Day, Year a.m. p.m.		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 2 May 62 to time of death and last saw her alive on 6 June 62 Death occurred at 10:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Joseph C. Crust M.D.			22b. ADDRESS 5800 Arsenal		22c. DATE SIGNED 8 June 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-11-1962	23c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY		23d. LOCATION (City, town, or county) POND, MO.		
24. FUNERAL DIRECTOR RAY B. SMITH MAPLEWOOD, MO.			25. DATE RECD. BY LOCAL REG. JUN 9 1962	26. REGISTRAR'S SIGNATURE Ray Smith, M.D.		

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 RE Burgess

Licensed Embalmer No. 4029
P. O. Address Maplewood

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.