

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025253

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6476** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 6 1962

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE 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,		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, 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. Anthony Hospital,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4040 Bates St.,		e. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Casper			First Middle Last Theissen,			4. DATE OF DEATH June 28, 1962			Month Day Year		
5. SEX Male.		6. COLOR OR RACE White,		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/23/1898		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Organist-Choir Director,		10b. KIND OF BUSINESS OR INDUSTRY St. Stephen Protomartyr Church,		11. BIRTHPLACE (City and state or country) Germany,		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Casper Theissen,		13b. MOTHER'S MAIDEN NAME Marie Drath,	
14. NAME OF HUSBAND OR WIFE Marie Theissen,		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 Marie Theissen, 4040 Bates St.,		Address			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Aorta Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. A-S C V R Disease DUE TO (b) A-S C V R Disease DUE TO (c) 7-51X		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 type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 12 yrs					
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 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 6-25-62 to 6-28-62 and last saw him alive on 6-28-62 Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C A Nestor mmo (Degree or title)		22b. ADDRESS 3654 Grand	
22c. DATE SIGNED 6-29-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		23b. DATE 7/2/62		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		23d. LOCATION (City, town, or county) St. Louis County, Missouri,			
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. JUN 30 1962		26. REGISTRAR'S SIGNATURE Neal 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 Van M. Sigemore

Licensed Embalmer No. 4343

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.