

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025395
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1830

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962	
1. PLACE OF DEATH	
a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellston	a. STATE Missouri b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1528 Oak Grove Ave	c. CITY OR TOWN Wellston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 1528 Oak Grove Ave.	d. STREET ADDRESS (If outside, give location) 1528 Oak Grove Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First Amy	Middle P.
Last Bayliss	4. DATE OF DEATH Month June Day 19 Year 1962
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 6/30/1888
9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottling Co.	10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (City and state or country) Scott City Kas.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Shuster	13b. MOTHER'S MAIDEN NAME Aurora Gruenewald
14. NAME OF HUSBAND OR WIFE Albert Bayliss Dec.	
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. UNK
17. INFORMANT Buehl Garrett	Address 2637 Lyndhurst Ave.
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 valvular heart disease - hypertension	
DUE TO (b) _____	
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. <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.	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 March 27 to June 19, 1962 and last saw her alive on May 9, 1962 . Death occurred at 9:10a. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J.P. Paul, M.D.	22b. ADDRESS Overland, Mo.
22c. DATE SIGNED 6-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-62
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR J.W. Clark F.H.	25. DATE RECD. BY LOCAL REG. 6-20-62
26. REGISTRAR'S SIGNATURE J. C. Murphy M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
140 43
240 43
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4 1.
5 2
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9 4200
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12 90-0
13

Dr. S.E. Pawol
2573 Woodson Rd.
Ha. 7-4616 5-7pm.

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 *M. Willenbrink*

Licensed Embalmer No. 4511

P. O. Address *H. Lavin, 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.