

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025471

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1871

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4015
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ballwin, Mo. | | Length of stay in 1b 5 yrs. | c. CITY OR TOWN Overland |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Nurs. Hme. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 9108 Midland Ave., |
| 3. NAME OF DECEASED (Type or print), Lina Gillworth | | First Middle Last | 4. DATE OF DEATH June 21 1962 |
| 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 2-2-1880 |
| 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, Mo. |
| 13a. FATHER'S NAME Aug. Noack | | 13b. MOTHER'S MAIDEN NAME Mina Wendt | 14. NAME OF HUSBAND OR WIFE Lewis O. (dcd) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Erwin C. Otto-7533 Nottingham 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) Arterio-sclerotic-Cardio-Vascular Disease & Chronic Pain Syndrome | | | INTERVAL BETWEEN ONSET AND DEATH 25 years? |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) P.O. Fracture Left Hip | | | 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 July 1961 to 6-11-62 and last saw her alive on 6-20-62 Death occurred at 10 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Ellen M. Kearney MD | | 22b. ADDRESS 4308 E. Peter | 22c. DATE SIGNED 6-22-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 6-25-1962 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | 23d. LOCATION (City, town, or county) (State) Pagedale, Missouri |
| 24. FUNERAL HOME BAUMANN BROS. INC. FUNERAL HOME 2504 WOODSON ROAD OVERLAND 14, MISSOURI | | 25. DATE RECD. BY LOCAL REG. 6-23-62 | 26. REGISTRAR'S SIGNATURE John M. Murphy MD |

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 David C. Gibson

Licensed Embalmer No. 3454
P. O. Address St. L. 14 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.