

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025564

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1850

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANCHESTER MO</u>		Length of stay in 1b <u>6 Mo 15 Days</u>	c. CITY OR TOWN <u>MANCHESTER MO</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PINE CREST NURSING HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>MANCHESTER RD</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALBERTA RAINES</u>		4. DATE OF DEATH Month Day Year <u>JUNE 16 62</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 15 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (last birthday) <u>70</u>
11. BIRTHPLACE (City and state or country) <u>Hines City Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW PAGE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JEAN</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>William Johnson 219 Madison</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic-Cardiac</u> <u>Vascular Disease & Chronic</u> <u>Brain Syndrome</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 years?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Secondary Hypertension</u>			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"/> <u>NONE</u>	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 <u>Dec. 1961</u> to <u>6-16-62</u> and last saw her <u>alive</u> on <u>6-9-62</u> Death occurred at <u>6-16-62 5:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Allen M. Kearney MD</u>		22b. ADDRESS <u>4308 Eber</u>	22c. DATE SIGNED <u>6-19-62</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>6/20/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Jacksons</u>	23d. LOCATION (City, town, or county) (State) <u>Crestwood MO</u>
24. FUNERAL DIRECTOR <u>Wanda F. Smith</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-62</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy MD</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
4000
24000
3
4 3
5 2
6
7 1
8 2
9 443X
10
11
12 86-0
13

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

Edward J. Gaudette

Licensed Embalmer No.

4243

P. O. Address

*22 Euclid
White Plains, N.Y.*

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.