

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025573

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 9 1962	
1. PLACE OF DEATH	
a. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u> Length of stay in lb <u>YRS</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8969 Whitstone</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
c. CITY OR TOWN <u>Jennings</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>8969 Whitstone</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <u>Mabel</u> Middle <u>J.</u> Last <u>Riess</u>	
4. DATE OF DEATH	
Month <u>7</u> Day <u>2</u> Year <u>1962</u>	
5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>8-2-1885</u>	
9. AGE (last birthday) <u>76</u>	
IF UNDER 1 YEAR Months Days	
IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A.T. Home</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James A. Golden</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida M Kleborne</u>	
14. NAME OF HUSBAND OR WIFE <u>William</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>None</u>	
17. INFORMANT <u>Ed. Cook</u> Address <u>8969 Whitstone</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>Generalized Carcinomatosis</u>	
DUE TO (b) <u>Adeno Carcinoma Body of Uterus</u>	
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 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. Month, Day, Year	
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>April 62</u> to <u>date</u> and last saw her alive on <u>7/1/62</u>	
Death occurred at <u>2:30</u> P M on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>R. W. Stevens M.D.</u>	
22b. ADDRESS <u>9311 Duenke (37)</u>	
22c. DATE SIGNED <u>7/3/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>7-5-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
24. FUNERAL DIRECTOR <u>O'Sullivan Muckle Kron Jennings Rd</u>	
ADDRESS <u>8806</u>	
25. DATE RECD. BY LOCAL REG. <u>7-3-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

R.W. Steadman 24

1211 SO Agricultural
Pr 1-6056-

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 Richard J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Kidwood 27 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.