

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028570  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7734

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. <b>FILED AUG 13 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>SM. LOUIS, MO</b>		e. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, MO</b>		Length of stay in 1b <b>20 yrs</b>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP #1.</b>		d. STREET ADDRESS (If outside, give location) <b>1420 Dolman</b>	
3. NAME OF DECEASED (Type or print) <b>BESSIE DAY</b>		4. DATE OF DEATH <b>AUG. 6, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-31-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Portageville, Mo.</b>
13a. FATHER'S NAME <b>Robert Crevoisier</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Smith</b>	14. NAME OF HUSBAND OR WIFE <b>John Day</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>John Day 3317 Magnolia</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Pulmonary Embolus From</b>			
DUE TO (b) <b>Ⓟ Auricle</b>			
DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.0</b>			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 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 <b>10:50</b> a.m. p.m.	Month, Day, Year <b>7/28/62</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis County, Mo.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis County, Mo.</b>	
21. I attended the deceased from <b>7/28/62</b> to <b>8/6/62</b> and last saw her/him alive on <b>8/6/62</b>		Death occurred at <b>10:50</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Thomas J. Kelso M.D.</b> (Degree or title)		22b. ADDRESS <b>1515 LAFAYETTE AVE</b>	22c. DATE SIGNED <b>8/6/62</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-9-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olive Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>McLaughlin Funeral Home, Inc. 2301 Lafayette Avenue</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 8 1962</b>	26. REGISTRAR'S SIGNATURE <b>Road Smith, M.D.</b>

RIDZON  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

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**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 \_\_\_\_\_

*James R. Chapman*  
Licensed Embalmer No. 4550  
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.