

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029567

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2107

FILED AUG 3 1962

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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> COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4031 Castleman Ave</u>
3. NAME OF DECEASED (Type or print) First <u>Angela</u> Middle <u>Roman</u> Last _____		4. DATE OF DEATH Month <u>7</u> Day <u>17</u> Year <u>62</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-1877</u>
9. AGE (last birthday) <u>85</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>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kept House</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>
12. CITIZEN OF WHAT COUNTRY _____		13. NAME OF HUSBAND OR WIFE <u>John Roman Deceased</u>	
13a. FATHER'S NAME <u>Louie Roman</u>		13b. MOTHER'S MAIDEN NAME <u>Juda Carrsosi</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. _____	
17. INFORMANT <u>Elio Roman</u>		Address <u>4543 Flad Ave</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>Cardiac valv. dis. &amp; congestive failure</u> (b) <u>Acute infection of undetermined location</u> (c) <u>Pyuria - prob. cystitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____			INTERVAL BETWEEN ONSET AND DEATH <u>failure 1 week 3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>abd. tumor. type undetermined &amp; metastatic to lungs.</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"/>	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 _____			
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>March 6 1962</u> to <u>July 17</u> and last saw her/him alive on <u>July 16 1962</u> Death occurred at <u>5:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. J. Clain Schmidt M.D.</u>		22b. ADDRESS <u>508 N. Grand Ave</u>	22c. DATE SIGNED <u>7/18/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	23d. LOCATION (City, town, or county) <u>St. Louis County</u>
24. FUNERAL DIRECTOR <u>Weick Bros</u> ADDRESS <u>2201 S. Grand Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>7-18-62</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>

**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 *Elton H. Remelans*

Licensed Embalmer No. 4283

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.