

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7791

-62-032274

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7791**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1962

VS 300
Rev. 4/59

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2 **215**

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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. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 4723 Tennessee				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 4723 Tennessee				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gertrude Middle M. Last Beutel			4. DATE OF DEATH Month 8 Day 7 Year 62			5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 6/21/20		9. AGE (last birthday) 42		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) operator			
10b. KIND OF BUSINESS OR INDUSTRY Elder Machine Co.				11. BIRTHPLACE (City and state or country) Germany				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Henry Beutel				13b. MOTHER'S MAIDEN NAME Emilie Messerle				14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.				17. INFORMANT Henry Beutel Address 4723 Beutel			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydronephrosis of Kidneys Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. DUE TO (b) Carcinoma of the ovaries DUE TO (c) metastasis to lungs										INTERVAL BETWEEN ONSET AND DEATH 6 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 175.0								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 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 Feb. 27-62 to Aug. 9-62 and last saw her ^{her} _{him} alive on Aug. 6-1962 Death occurred at 9:55A m on the date stated above, and to the best of my knowledge, from the causes stated.						22a. SIGNATURE Fred V. Emmert (Degree or title)		22b. ADDRESS 508 N. Grand		22c. DATE SIGNED 9-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8/9/62		23c. NAME OF CEMETERY OR CREMATORY Valhalla				23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
24. FUNERAL DIRECTOR Schumacher 3013 Meramec ADDRESS				25. DATE RECD. BY LOCAL REG. AUG 8 1962		26. REGISTRAR'S SIGNATURE Lois Smith, M.D.					

USE BLACK INK OR TYPEWRITER RIBBON

F. Ernest
508 W. Howard
Mills Rd.
Jc 1-8511
1453014
Except need

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 Jack Haupt

Licensed Embalmer No. 14746

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.