

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032288

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8008

FILED AUG 22 1962

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. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
a. COUNTY		St Louis		3 days	Mo.		St. Louis		First Middle Last Mark Stephen Blumm		August 15 1962		Male		white		<input type="checkbox"/> <input checked="" type="checkbox"/>		Aug. 13, 1962		3						St Louis Mo.		USA		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		St Anthony Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS		4732 Tieman		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																					
13a. FATHER'S NAME		Stephen Blumm		13b. MOTHER'S MAIDEN NAME		Rose Ann Baumann		14. NAME OF HUSBAND OR WIFE																							
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.		None		17. INFORMANT		Stephen Blumm		Address		4732 Tieman																	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		Congestive Heart Failure		Congenital Heart Disease		754.5																							
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.																															
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 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		Aug 15, 1962		to		Aug 16, 1962		and last saw him alive on		Aug 16, 1962		Death occurred at		4:35 A.M.		on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE		Hugh M. Masters M.D.		(Degree or title)		22b. ADDRESS		3438 S Grand, St Louis		22c. DATE SIGNED		8/16/62																			
23a. BURIAL, CREMATION, REMOVAL (Specify)		Burial		23b. DATE		8/17/62		23c. NAME OF CEMETERY OR CREMATORY		SS Peter & Paul Cemetery		23d. LOCATION (City, town, or county)		St Louis		(State)		Mo.													
24. FUNERAL DIRECTOR		John L Ziegenhein & Sons		ADDRESS		7027 Gravois		25. DATE RECD. BY LOCAL REG.		AUG 17 1962		26. REGISTRAR'S SIGNATURE		Kearl Smith M.D.																	

USE BLACK INK OR TYPEWRITER RIBBON

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 Donald Benz

Licensed Embalmer No. 4163

P. O. Address _____

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.