

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032492
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8536

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 10 1962

1. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

3. CITY OR TOWN St. Louis Length of stay in 1b

4. CITY OR TOWN St. Louis Inside Limits Yes No

5. FULL NAME OF (IF NOT in hospital, give location) St. Anthony's Hospital Inside Limits Yes No

6. STREET ADDRESS (If outside, give location) 3520 Chippewa St., Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last (Sister M. Filicita O.S. F. Thersia Grill)

4. DATE OF DEATH 9-2-62 Month Day Year

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 7-1-1890 9. AGE (last birthday) 72 yrs. IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious 10b. KIND OF BUSINESS OR INDUSTRY Chicago, Illinois 11. BIRTHPLACE (City and state or country) Austria 12. CITIZEN OF WHAT COUNTRY yes U.S.A.

13a. FATHER'S NAME Ignatius Grill 13b. MOTHER'S MAIDEN NAME Mary Trambusch 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) none 16. SOCIAL SECURITY NO. 9046-45 17. INFORMANT Sister M. Carola Address 3520 Chippewa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Middle fracture ribs - Ruptured INTERVAL BETWEEN ONSET AND DEATH 30hr
DUE TO (b) Rt. Renal vein - Laceration of
DUE TO (c) The liver - Laceration scalp -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY 11 Hour a.m. p.m. Month, Day, Year 8/31/62

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Convent 16 20f. CITY, TOWN, OR LOCATION St. Louis Mo. - St. Anthony Hosp. COUNTY STATE

21. I attended the deceased from 9/1/62 to 9/2/62 and last saw her him alive on 9/2/62
Death occurred at 9:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert M. Repetto MD. (Degree or title) 22b. ADDRESS 3456 So. Grand - 22c. DATE SIGNED 9/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/5/1962 23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Gabken-Benz Mortuary ADDRESS 2842 Meramec St. 25. DATE RECD. BY LOCAL REG. SEP 4 1962 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

73

OK Helen & Taylor Coroner 9-4-62

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 Jan M. Sigman

Licensed Embalmer No. 4343

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.