MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032514

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6537

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b

c. CITY OR TOWN Mount Vernon
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Rural Rt. # 6
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Rose Middle: E. Last: Harris

4. DATE OF DEATH Month Day Year: June 29, 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/26/1889

9. AGE (last birthday): 73

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Jefferson County, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Simmons

13b. MOTHER'S MAIDEN NAME: Rebecca Green

14. NAME OF HUSBAND OR WIFE: Dale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of servic: Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT: Alice Budrow, 222 Baker, Webster Groves, M

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Meningitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteio sclerosis
DUE TO (c) Aortic Stenosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 3403

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 Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 5:35 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Lima (Degree or title) Deputy Coroner

22b. ADDRESS 300 Clark

22c. DATE SIGNED 7/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE 7-3-62

23c. NAME OF CEMETERY OR CREMATORY: Union Chapel Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson County, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc.,

ADDRESS: 4700 Washington, Blvd.

25. DATE REC'D BY LOCAL REG.: JUL 3 1962

26. REGISTRAR'S SIGNATURE: Neal Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	81207		7
3	1		
4	1		
5	1		
6			
7	1		
8	1		
9	31		
10			
11			
12	58-3		
13			

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BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 John T. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis Mo