MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032884
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8389

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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2376,b 5 DATE AMENDED
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

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

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

c. CITY OR TOWN Morrison
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) Rt. # 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Emmy Middle Rath Last Schwinke

4. DATE OF DEATH Month August Day 28, Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/2/1901

9. AGE (last birthday) 60
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) Germany

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

13a. FATHER'S NAME Theo. Rath

13b. MOTHER'S MAIDEN NAME Dorothea Grage

14. NAME OF HUSBAND OR WIFE Henry J.

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

16. SOCIAL SECURITY NO. 500-16-8327

17. INFORMANT Address Henry J. Schwinke, Rt. #1 Morrison, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis
INTERVAL BETWEEN ONSET AND DEATH yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of breast
Radical mammectomy - May, 1960 170X
DUE TO (c)

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 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 July 16,1953 to August 28,1962 and last saw her him alive on 8-28-62
Death occurred at 1:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Elsworth R. Westrup M.D.

22b. ADDRESS 8540 Big Bend

22c. DATE SIGNED 8-28-62

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

23b. DATE 8-31-62

23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery

23d. LOCATION (City, town, or county) (State) Morrison, Mo.

24. FUNERAL DIRECTOR ADDRESS Herman Blumer Inc., Hermann, Mo.

25. DATE RECD. BY LOCAL REG. AUG 28 1962

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

AUG 31 1962

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 Stanley H. Nixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.