

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032966
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7836

FILED AUG 22 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY - - -		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b lifetime		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 checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 6443 Lindenwood Place				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Josephine (n.m.i.)			First			Middle			Last			4. DATE OF DEATH Month Day Year August 8, 1962			
5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-24-1880		9. AGE (last birthday) 82		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) homemaker				10b. KIND OF BUSINESS OR INDUSTRY own home				11. BIRTHPLACE (City and state or country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Martin Lorenz				13b. MOTHER'S MAIDEN NAME Amelia Duecker				14. NAME OF HUSBAND OR WIFE Arthur B. Thall (Dec.)							
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 Miss Viola Blair				Address 6052 Mardell			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction										INTERVAL BETWEEN ONSET AND DEATH 24 hrs.					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arteriosclerotic Coronary Thrombosis		unknown.			
										DUE TO (c) Arteriosclerotic Hemorrhage		10yrs+			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Infarction of spleen.										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 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.) 420.1											
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 10-22-56 to 8-8-62 and last saw her 8-8-62 alive on 8-8-62 Death occurred at 11:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Raymond Martin MD						22b. ADDRESS 5203 Chrysema St.			22c. DATE SIGNED 8-9-62						
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-11-62		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus				23d. LOCATION (City, town, or county) St. Louis County, Missouri		(State)					
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY SAM						ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 10 1962				REGISTRAR'S SIGNATURE Joan Smith, M.D.			

Dr. Raymond T. Martin
5203 Chippewa
Fl. 2-6917

11:30 to 6

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 Bill C. Branson

Licensed Embalmer No. 4764

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.