

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033143

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2475

FILED SEP 4 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 <u>4005</u>				
2 <u>4003</u>				
3 <u>2</u>				
4 <u>1</u>				
5 <u>0</u>				
6 <u>0</u>				
7 <u>0</u>				
8 <u>1</u>				
9 <u>4200</u>				
10				
11				
12 <u>46-0</u>				
13				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b 3 days
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Kirkwood Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1200 N. Woodlawn Ave. Reside on Farm Yes No

3. NAME OF DECEASED First MARIE Middle E. Last GEDERS 4. DATE OF DEATH Month August Day 23 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/7/95 9. AGE (last birthday) 67 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) Self employed 10b. KIND OF BUSINESS OR INDUSTRY Retail Dairy Prod. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Theodore Geders 13b. MOTHER'S MAIDEN NAME Margaret Vandermeirhen 14. NAME OF HUSBAND OR WIFE Single

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 Mrs. John Geders, 1200 N. Woodlawn, Kirkwood, Mo. Address Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) coronary thrombosis
 DUE TO (b) arteriosclerotic heart disease
 DUE TO (c) _____
 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 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 1-15-62 to 8-23-62 and last saw her alive on 8/23/62
 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. J. Neenan 22b. ADDRESS 8787 Big Bend 22c. DATE SIGNED 8/27/62

23a. BURIAL, CREATION, REMOVAL (Specify) Burial 23b. DATE 8/27/62 23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery 23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 8-25-62 26. REGISTRAR'S SIGNATURE John M. [Signature]

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 Francis J. Myhr

Licensed Embalmer No. 4572

P. O. Address Highwood, 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.