MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-035815
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421
2 0920
3
4 1
5 1
6
7 0
8 2
9 4500
10
11
12 86-2
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 17

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OFallon — Length of stay in Ib 7 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Roeper Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN Weldon Springs — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) St. Charles RR 2 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Edna Middle: A. Last: Link
4. DATE OF DEATH Month: Sept. Day: 14 Year: 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/12/1887
9. AGE (last birthday) 75 — 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) Home Duties
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (City and state or country) Dardenne, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William C. Fowler
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE William H. Link
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT William H. Link Address St. Charles, Mo. RR 2

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) uremia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
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 Sept 9, 1962, to Sept 14, 1962 and last saw her alive on Sept 13, 1962
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alberta C. Roeper (Degree or title) D.O.
22b. ADDRESS 411 Fanning Street
22c. DATE SIGNED 9/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/16/1962
23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
23d. LOCATION (City, town, or county) (State) Weldon Spring, Mo.

24. FUNERAL DIRECTOR T.E. Pitman Funeral Home ADDRESS 909 Pitman Ave. Wentzville, Mo.
25. DATE RECD. BY LOCAL REG. 9-15-62
26. REGISTRAR'S SIGNATURE C. L. Keithly

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.