

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036186

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9474** STATE FILE NUMBER

FILED OCT 11 1962

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b
 c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY
 d. STREET ADDRESS (If outside, give location) **509 CHESTNUT ROOM 617** Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First **STELLA** Middle Last **Goedecke** 4. DATE OF DEATH Month **9** Day **2** Year **62**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **UNK.** 9. AGE (last birthday) **57** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BOOK KEEPER** 10b. KIND OF BUSINESS OR INDUSTRY **BOOK KEEPER** 11. BIRTHPLACE (City and state or country) **TENN.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **UNK.** 13b. MOTHER'S MAIDEN NAME **UNK.** 14. NAME OF HUSBAND OR WIFE **UNK.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **UNK.** 17. INFORMANT **H.H. TAYLOR CORONER** Address **1300 CLARK**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **RHEUMATIC HEART DISEASE WITH**
 DUE TO (b) **CARDIAC DILATATION; CONGESTIVE FAILURE**
 DUE TO (c) **RESULTING IN PLEURAL EFFUSION; ASCITES**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **416x**
 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 **12:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor Coroner** 22b. ADDRESS **1300 CLARK AVE** 22c. DATE SIGNED **9-18-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Rowland-Aker Mortuary Service** 23b. DATE **10-31-1962** 23c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

25. DATE RECD. BY LOCAL REG. **OCT 4 1962** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

Rowland-Aker Mortuary Service
 4104 Manchester Ave.
 St. Louis, Mo.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.