

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036354

318

1003

8927

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED SEP 24 1962 Primary Registration District No. 1003 Registrar's No. 8927

VS 300
Rev. 4/59

1
2 215
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4 1
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RATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Missouri | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St Louis | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4534 Newport | | d. STREET ADDRESS (If outside, give location) 4534 Newport | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last HILDA KERN | | | 4. DATE OF DEATH Month Day Year 9-14-1962 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-19-1876 |
| 9. AGE (last birthday) 85 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Germany |
| 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME John Wolf | | 13b. MOTHER'S MAIDEN NAME Sussana Gangler | |
| 14. NAME OF HUSBAND OR WIFE Deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) (If yes, give dates of service) NO NONE | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT Emil Kern 3905 So Compton (18) | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis | | | 10 yrs |
| DUE TO (c) Senility 422.1 | | | |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | | |
| 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 <u>June 26 62</u> to <u>Sept 14</u> and last saw her/him alive on <u>Sept. 9 62</u> Death occurred at <u>12 Noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Matter P. Bidman M.D.</i> | | 22b. ADDRESS <i>5116 Morganford</i> | 22c. DATE SIGNED <i>9-15-62</i> |
| 23a. BURIAL, CREMATION, etc. (Specify) Burial | 23b. DATE 9-17-1962 | 23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR Wingbermuehle 3819 So Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. SEP 17 1962 | 26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i> |

USE BLACK INK OR TYPEWRITER RIBBON

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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 George J. Schlemmer
Licensed Embalmer No. 4611

P. O. Address St Louis 18 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.