MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-036708

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8655

FILED SEP 17 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in Ib
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): JEWISH HOSPITAL
Inside Limits Yes ☐ No ☐

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 ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4515 Lindell Blvd
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JEANNETTE Middle D. Last SICHER
4. DATE OF DEATH: Month September Day 6 Year 1962
5. SEX: F
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/29/74
9. AGE (last birthday): 88
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Ill.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Samuel Desberger
13b. MOTHER'S MAIDEN NAME: Amelia Hammer
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT: Stanley H. Sicher Address: 516 Dielman Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 571.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerotic heart disease
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 July 1960, to Sept 6. 62 and last saw ~~him~~ her alive on Sept. 5. 1962
Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Franz Steinberg M.D.
22b. ADDRESS: 216 So. Kingshighway
22c. DATE SIGNED: 9.6.62
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 9/7/62
23c. NAME OF CEMETERY OR CREMATORY: Valhalla
23d. LOCATION (City, town, or county) (State): 7600 St. Charles Rd Mo.
24. FUNERAL DIRECTOR: Mayer
ADDRESS: 4356 Lindell Blvd
25. DATE RECD. BY LOCAL REG.: 9-7-1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	21	9	
4	1		
5	2		
7	1		
8	1		
12	64-0		
13	64		

Amended:- Intestinal Cancer

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Harvey Kahle

Signature of Student Embalmer

Licensed Embalmer No. 4596

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.