

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036867

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9142** STATE FILE NUMBER

FILED SEP 28 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY **Saint Louis, Missouri**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **St. Louis**
 c. CITY OR TOWN **Lemay, Missouri** Inside Limits Yes No
 d. STREET ADDRESS **9816 Linn Drive** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Marie Whittington 9-20-62

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-1-94** 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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **America**

13a. FATHER'S NAME **Classen, Christian** 13b. MOTHER'S MAIDEN NAME **LaJuene, Henrietta** 14. NAME OF HUSBAND OR WIFE **George W.**

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. 17. INFORMANT Address

18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) **Probable Myocardial infarct** INTERVAL BETWEEN ONSET AND DEATH **unknown**
 DUE TO (b) **ASHD**
 DUE TO (c) **Diabetes mellitus 260x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Diabetes mellitus, Congestive failure, Previous infarct** 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. Month, Day, Year p.m.

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 **5-6:45 AM 9/20/62** to **9-20-62** and last saw her alive on **9-20-62**. Death occurred at **5:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **D. J. Steetschulte M.D.** 22b. ADDRESS **Firmin Desloge Hosp.** 22c. DATE SIGNED **9-20-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9-24-1962** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Bks. Mo.**

24. FUNERAL DIRECTOR ADDRESS **C. Holmeister Mortuaries 7814 S. Broadway** 25. DATE RECD. BY LOCAL REG. **SEP 21 1962** 26. REGISTRAR'S SIGNATURE **Road Smith, M.D.**

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

Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address

7814 S. Broadway

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.