

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037010

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2506

**FILED SEP 28 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1400 2

2 226

3

4 1

5 3

6

7 0

8 0

9 171X

10

11

12 45-0

13

45

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Length of stay in 1b <b>DAYS</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2406a North 9th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RUTH</b> Middle Last <b>ENGBERG</b>			4. DATE OF DEATH Month <b>August</b> Day <b>25</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9-14-14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dietitian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	9. AGE (last birthday) <b>47</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <b>Oscar Wicklund</b>		11b. MOTHER'S MAIDEN NAME <b>Louise Poole</b>	11. BIRTHPLACE (City and state or country) <b>Bucklin, Mo.</b> 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Fred</b> Address <b>2239 Warren</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Cervix Stage IV</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. <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. p.m. Month, Day, Year	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 <b>August 7, 1962</b> to <b>Aug. 25, 62</b> and last saw her alive on <b>Aug. 25, 62</b> Death occurred at <b>3:22p</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. Williams M.D.</b> (Degree or title)		22b. ADDRESS <b>601 S. Brentwood Bl.</b>	22c. DATE SIGNED <b>8/26/62</b>
23a. BURIAL, CREMATION, OR DISPOSAL (Specify)	23b. DATE <b>Aug 28, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>McLaughlin 2301 Lafayette Ave (4)</b> ADDRESS <b>St. Louis, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-28-62</b>	26. REGISTRAR'S SIGNATURE <b>J. Williams M.D.</b>

10.  
2  
x

to also  
x

1-1-2 x

to certify  
that  
the body  
of  
the deceased  
was  
embalmed  
by  
me  
or  
by  
\_\_\_\_\_

**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 James R. Chapman

Licensed Embalmer No. 4550

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.

to 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.