# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2619

STATE FILE NUMBER 62-037215

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
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BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 20 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN Webster Groves
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 718 Catalpa
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOAN Middle ANNA Last SLAGLE

4. DATE OF DEATH Month Sept. Day 8th Year 1962

5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/9/1935
9. AGE (last birthday) 26
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 At home
11. BIRTHPLACE (City and state or country) Chester Pa.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Walls
13b. MOTHER'S MAIDEN NAME Alberta Smith
14. NAME OF HUSBAND OR WIFE Martin B.Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.
17. INFORMANT Martin B.Slagle, 718 Catalpa Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple trauma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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.) Passenger in car involved in collision with another vehicle
20c. TIME OF INJURY Hour 6:30 p.m. Month, Day, Year 9/8/62
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.) highway
20f. CITY, TOWN, OR LOCATION COUNTY St. Louis STATE Missouri

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond M. Hand (Degree or title) Coroner
22b. ADDRESS Clayton, Missouri
22c. DATE SIGNED 9/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/10/1962
23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) Hanover (State) Pa.

24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-10-62
26. REGISTRAR'S SIGNATURE John C. Mungfly M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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 Leslie Welch

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.