MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037253
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2831

FILED OCT 1 1 1962

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AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
	Alan Boedeker M.D. 2000 B. Pine		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Hgts — Length of stay in lb: 1 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys — 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: Edmundson Terrace — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9625 Edmundson Rd — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Infant Middle: Joy Last: WEBER
4. DATE OF DEATH: Month Sept Day 30 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/29/1962
9. AGE (last birthday): IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HR: Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Richmond Hgts Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Richard Weber
13b. MOTHER'S MAIDEN NAME: Jacqueline McKee
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 service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Richard Weber Address: 9625 Edmundson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bilateral Pulmonary Atalectasis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity, 37 wks gestation
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. ☐ 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 9/29/62 to 9/30/62 and last saw (her) him alive on 9/29/62
Death occurred at 9/30/62 9:00A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Roy V. Boedeker (Degree or title) M.D.
22b. ADDRESS: 100 N. Euclid
22c. DATE SIGNED: 9/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/1/1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: Ortmann F Home 9222 Lackland Overland Mo
25. DATE RECD. BY LOCAL REG.: 10-1-62
26. REGISTRAR'S SIGNATURE: John C. Murphy 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 Al C Ostmann

Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address_____

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.