

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037256

STATE FILE NUMBER

Registered and Filed SEP 25 1962 Primary Registration District No. 544 Registrar's No. 2667

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1400.3

240.24

3

4 /

5 /

6

7 /

8 2

94500F

10

11

1244-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in lb 4 days	c. CITY OR TOWN Glendale Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 233 N. Sappington Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MABEL Middle GOULD Last WERTH			4. DATE OF DEATH Month September Day 13 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/75
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
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) Aurora, Ind.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Alfred O. Gould	
14. MOTHER'S MAIDEN NAME Mary Spencer		15. NAME OF HUSBAND OR WIFE Dr. Duncan Werth	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis, including arteriosclerotic heart disease		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 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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of left hip		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.) FELL AT HOME	
20c. TIME OF INJURY Hour 9 a.m. 9 p.m.	Month, Day, Year 9-9-62	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 9/10/62 to 9/13/62 and last saw her alive on 9/13/62		Death occurred at 7:00P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert A. Doran M.D. (Degree or title)		22b. ADDRESS 126 E. Jefferson Kirkwood, Missouri	
22c. DATE SIGNED 9/14/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9/15/62		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
23d. LOCATION (City, town, or county) Kirkwood, Mo.		23e. DATE RECD. BY LOCAL REG. 9-14-62	
24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood, Mo. ADDRESS		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

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

Francis J. Myland Jr

Licensed Embalmer No. 4512

P. O. Address Richmond, 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.