

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

10102-62-040407

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, MO** Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. John's 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 **CREVE COEUR, MO (41)** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **CREVE COEUR MILL RD.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Netta** Middle **BYRD** Last **Kiser** 4. DATE OF DEATH Month **10** Day **21** Year **62**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-1-92** 9. AGE (last birthday) **70** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CLEANING** 10b. KIND OF BUSINESS OR INDUSTRY **MOTELS** 11. BIRTHPLACE (City and state or country) **POCAHONTAS, ARK.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **BALLARD KISER (DIVORCED)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT Address **MRS. IDA STORCH - CREVE COEUR MILL RD. CREVE COEUR, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Peritonitis**
 DUE TO (b) **Abdominal carcinomatosis**
 DUE TO (c) **Metastatic Ca Stomach**
 Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **151X**
 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 e.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 **10-19-62** to **10-21-62** and last saw her/him alive on **10-20-62**
 Death occurred at **7821 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **R.M. Turner, M.D.** 22b. ADDRESS **307 S. Euclid St. - Louis** 22c. DATE SIGNED **10-22-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **10-24-1962** 23c. NAME OF CEMETERY OR CREMATORY **FEE FEE CEMETERY** 23d. LOCATION (City, town, or county) (State) **BRIDGETON, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **BAUMANN BROS. INC. 2504 WOODSON RD. FUNERAL HOME OVERLAND 14, MO.** 25. DATE RECD. BY LOCAL REG. **OCT 22 1962** 26. REGISTRAR'S SIGNATURE **Grant Smith, M.D.**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 David E. Gibson

Licensed Embalmer No. 3454

P. O. Address St. L. 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.