MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-044143
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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28/20-7 2
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4 1
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52

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11557

FILED DEC 14 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY OR TOWN E. St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 102 N. 82nd St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEAH Middle M. Last DOCKSTEINER

4. DATE OF DEATH Month DECEMBER Day 1 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 8-22-1911
9. AGE (last birthday) 51 — 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
11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Julius Sweitzer
13b. MOTHER'S MAIDEN NAME Margaret Sommers
14. NAME OF HUSBAND OR WIFE Emil Dockstainer
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 Allen Dockstainer Address 102 N. 82nd St. E. St. Louis Ill.

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) MITRAL STENOSIS — INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) RHEUMATIC HEART DISEASE — UNKNOWN
DUE TO (c) 410 X

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 NOV. 23, 1962 to DEC. 1, 1962 and last saw her/him alive on DEC. 1, 1962
Death occurred at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F R Bradley M.D. (Degree or title) F. R. BRADLEY, M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 12/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-5-1962
23c. NAME OF CEMETERY OR CREMATORY Mt Hope
23d. LOCATION (City, town, or county) (State) Belleville Ill.

24. FUNERAL DIRECTOR Holten Mortuary ADDRESS E. St Louis Ill.
25. DATE RECD. BY LOCAL REG. Dec. 2, 1962
26. REGISTRAR'S SIGNATURE Howard Smith, 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 NOT Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Dewey Holter

Licensed Embalmer No. 8689

P. O. Address E. St Louis, Ill

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.