MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-044475
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10754

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospt.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Wellston
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6516 Wells Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Nellie Middle A Last Kintz
4. DATE OF DEATH: Month Day Year 11-6-62
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12-26-098
9. AGE (last birthday): 53
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): Cleaning Shop
10b. KIND OF BUSINESS OR INDUSTRY: Spotter
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Clinton Meyers
13b. MOTHER'S MAIDEN NAME: Mayme Matthews
14. NAME OF HUSBAND OR WIFE: Henry A Kintz
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.: UNK
17. INFORMANT: Henry A Kintz Address: 6516 Wells Ave.

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) Pelvic Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Endometrium — 2 yrs
DUE TO (c) 172X
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 [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [X] 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 May 29, 1961 to November 6, 62 and last saw her alive on November 5, 62
Death occurred at 4:30a m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joshua E Jones M.D. (Degree or title)
22b. ADDRESS: 607 N. Grand Blvd
22c. DATE SIGNED: 11/8/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-9-62
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co,Mo.
24. FUNERAL DIRECTOR: J.W.Clark F.H. ADDRESS: 1125 Hodiamont Ave.
25. DATE REC'D BY LOCAL REG.: NOV 8 1962
26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8	12/26/08	12/26/09	11/19/62

1
24043 3 8
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58

BY AFFIDAVIT OF Funeral Director DOCUMENT

Dr. Jensen
University Club Bldg. 2-5-Thur

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 [signature]

Licensed Embalmer No. 454

P. O. Address St. Louis, 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.