MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1962

62-044884 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11555

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	208		7/-
3			
4	1		
5	2		
6			
7	1		
8	2		
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12	59-0		
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59

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 305 Antelope — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lena Middle: Mae Last: Skinner

4. DATE OF DEATH: Month: November Day: 30 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/20/1890

9. AGE (last birthday): 71 — 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: At Home

11. BIRTHPLACE (City and state or country): Mt. Vernon, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward Henry

13b. MOTHER'S MAIDEN NAME: Mary Dodson

14. NAME OF HUSBAND OR WIFE: Bert L. (deceased)

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: Charles Skinner Address: 22 Grenzer Home Madison, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Edema	3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Paroxysmal Auricular Tachycardia	12 hours
DUE TO (c)	Arteriosclerotic Heart Disease	3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

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 March 1962, to November 1962 and last saw her/him alive on November 30, 1962

Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert M. Laurich (Degree or title) M.D.

22b. ADDRESS: 52 Maryland Plaza

22c. DATE SIGNED: 1 Dec 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal to

23b. DATE: Madison, Ill.

23c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery 12/3/62

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR: Francis J. Lakey ADDRESS: Madison Ill.

25. DATE RECD. BY LOCAL REG.: DEC 1 - 1962

26. REGISTRAR'S SIGNATURE: Hoard 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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Francis J. Lahey

Licensed Embalmer No. 2792

P. O. Address Madison Co.

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.