MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-045048

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11256

FILED NOV 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis Maternity — 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): 2200A Victor Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Karen — Middle Elouise — Last Weems

4. DATE OF DEATH: Month 11 Day 21 Year 1962

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-21-1962

9. AGE (last birthday) — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HR: Hours 1 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Louis, Missouri

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

13a. FATHER'S NAME: Bobby Joe Weems

13b. MOTHER'S MAIDEN NAME: Playfair Elouise Chavers

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Playfair Elouise Weems, Address: 2200A Victor Street

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): Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 770.0

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 3:20pm, 11-21-1962, to 4:30pm, 11-21-1962 and last saw her/him alive on 11-21-1962
Death occurred at 4:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles R. Gulick, M.D.

22b. ADDRESS: 100 N. Euclid, St. Louis, MO.

22c. DATE SIGNED: 11-23-62

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

23b. DATE: 11-24-1962

23c. NAME OF CEMETERY OR CREMATORY: W. O. W.

23d. LOCATION (City, town, or county) (State): E. Prairie, Mo.

24. FUNERAL DIRECTOR: Mc Michael — ADDRESS: E. Prairie, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 23 1962

26. REGISTRAR'S SIGNATURE: Hal 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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P.O. Address_____

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.