

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-045452
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3288

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002

240002

3

4

5

6

7

8

9974X

10

11

1245-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY - St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri.		c. CITY OR TOWN Lemay	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 9929 Meadow	
3. NAME OF DECEASED (Type or print) First Mildred Middle S. Last Sheehan		4. DATE OF DEATH Month November Day 9 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/24/1947
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Student		10b. KIND OF BUSINESS OR INDUSTRY Schools	11. BIRTHPLACE (City and state or country) Des Moines, Iowa.
13a. FATHER'S NAME William Shelton		13b. MOTHER'S MAIDEN NAME Imogene Caldwell	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Nil	17. INFORMANT Eulys Caldwell, 6437 Hobart
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Combination of suffocation and strangulation			
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found with ligature about neck, face down	
20c. TIME OF INJURY Hour 7:00 a.m. 11/9/62 Month, Day, Year subject found		in pillow, with knuckles of both hands pressed against throat	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home	20f. CITY, TOWN, OR LOCATION Lemay	COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James H. Hite</i> Coroner Clayton, Missouri		22b. ADDRESS Walnut Ridge, Arkansas.	22c. DATE SIGNED 11/15/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/10/62	23c. NAME OF CEMETERY OR CREMATORY Hite Cemetery	23d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.,		25. DATE RECD. BY LOCAL REG. 11-9-62	26. REGISTRAR'S SIGNATURE <i>John M. Murphy</i>

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 Harvey Kahle

Licensed Embalmer No. 4596

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.