

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048070

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 29

FILED JAN 2 1962

VS 300
Rev. 4/59

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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 Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Length of stay in 1b 10 yrs	c. CITY OR TOWN Wentzville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi 61 i m i n. o f W e n t z v i l l e			d. STREET ADDRESS (If outside, give location) Hi - 61 - W e n t z v i l l e M o		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Marshall			4. DATE OF DEATH Month Day Year Dec 27 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days 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 Own Home	11. BIRTHPLACE (City and state or country) Co Kildare - IRELAND		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Moran		13b. MOTHER'S MAIDEN NAME ELIZABETH Kelly		14. NAME OF HUSBAND OR WIFE Thomas E Marshall		
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. NONE	17. INFORMANT Laura Tochtrop Wentzville Mo			
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) Cerebral Hemorrhage					8 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease					yr.	
DUE TO (c) Arteriosclerosis					yr.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Dec. 21, 1962 to Dec. 27, 1962 and last saw her alive on Dec. 21, 1962 Death occurred at 3:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) R. M. Keller M.D.			22b. ADDRESS Wentzville, Mo.		22c. DATE SIGNED 12-27-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/29/62	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) St Louis Mo		(State)
24. FUNERAL DIRECTOR Ortmann F Home 9222 Lackland Overland Mo			25. DATE RECD. BY LOCAL REG. 12/29/62	26. REGISTRAR'S SIGNATURE Martin F Peuff		

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

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 Al C. Ostmann

Licensed Embalmer No. 3478

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.