

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048183

12028

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12028**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1962

VS 300
Rev. 4/59

1

40043M

3

4 0

5 0

6

7 2

8 2

9

10

11

12 71-3

13

91

USE BLACK INK OR TYPEWRITER RIBBON

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		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in lb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis		c. CITY OR TOWN Maplewood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shroute City Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7346 Gayola				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First Elias Middle T. Last Booles			4. DATE OF DEATH Month December Day 11 Year 1962			5. SEX Male		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 11/20/1882		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Syrian				12. CITIZEN OF WHAT COUNTRY U.S.A.											
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Unknown				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO.				17. INFORMANT Address Records found by Joseph Neff P.A.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4201												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 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 9:30 A.M. to 9:30 A.M. and last saw him alive on 12-14-62 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.												22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner				22b. ADDRESS 1300 Clark Ave.				22c. DATE SIGNED 12-14-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-14-62		23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery				23d. LOCATION (City, town, or county) St. Louis, Mo.				23e. STATE Mo.											
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.						25. DATE RECD. BY LOCAL REG. DEC 14 1962				26. REGISTRAR'S SIGNATURE Roan 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 Melvin L Kemper

Licensed Embalmer No. 4052

P. O. Address 4918 Washington
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.