MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048445
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12329

FILED JAN 2 1963

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
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4 1			
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7 1			
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1640			
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64			

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hosp — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St Louis
c. CITY OR TOWN: Affton — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7009 Green Holly Dr — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First RUBY Middle E Last HUNTER
4. DATE OF DEATH: Month Dec Day 21, Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 12-26-1897
9. AGE (last birthday): 65 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Puritan Hotel
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Melanthon Rogers
13b. MOTHER'S MAIDEN NAME: Emily Ragsdale
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Lanny Rogers Address: 7009 Green Holly Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Cervix, metastatic — INTERVAL BETWEEN ONSET AND DEATH: 2 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 171x

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 11/29/62, to 12/21/62 and last saw him alive on 12/21/62
Death occurred at 3 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvin S. Wernher, MD
22b. ADDRESS: 8162 Delmar
22c. DATE SIGNED: 12/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec 24 1962
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cem
23d. LOCATION (City, town, or county): St. Louis Co (State) Mo

24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: DEC 24 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

Mr. Wennebes
8112 Delmar
Pa1-8337
1-4

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 [signature]

Licensed Embalmer No. 4861

P. O. Address St Louis 19, 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.