

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048653

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11971 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED JAN 2 1963**  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis Length of stay in 1b Life  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Childrens Hospital Inside Limits Yes  No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY  
c. CITY OR TOWN Saint Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1428a Benton St. Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First Middle Last 4. **DATE OF DEATH** Month Day Year  
LONNA MARIA PERSONS December 12 1962

5. **SEX** Female 6. **COLOR OR RACE** White 7. Married  Never Married  Widowed  Divorced  8. **DATE OF BIRTH** 1/13/62 9. **AGE** (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. 10 29

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) None 10b. **KIND OF BUSINESS OR INDUSTRY** None 11. **BIRTHPLACE** (City and state or country) St. Louis, Missouri 12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** George Persons 13b. **MOTHER'S MAIDEN NAME** Vona Magee 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.** None 17. **INFORMANT** Mr. George Persons, 1428a Benton St. 7 Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
PART I. **DEATH WAS CAUSED BY:**  
IMMEDIATE CAUSE (a) Pulmonary edema;  
DUE TO (b) Congestive Heart Failure (acute).  
DUE TO (c) Acute Bronchitis

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) 491X

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 \_\_\_\_\_ 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) Paul Simon Deputy Coroner 22b. **ADDRESS** 1300 Clark 22c. **DATE SIGNED** 12/14/62 (State)

23a. **BURIAL, CREMATION, REMOVAL (Specify)** Removal 23b. **DATE** 12/14/62 23c. **NAME OF CEMETERY OR CREMATORY** Laurel Hill Memorial Gardens 23d. **LOCATION** (City, town, or county) St. Louis County, Missouri.

24. **FUNERAL DIRECTOR** CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. ADDRESS 25. **DATE RECD. BY LOCAL REG.** DEC 14 1962 26. **REGISTRAR'S SIGNATURE** Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

**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 John A. Miller

Licensed Embalmer No. 4186

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.