

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-048693

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12297** 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

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. FILED JAN 2 1963 a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 Week	c. CITY OR TOWN Collinsville, Ill Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1117 Huffendick ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ann Roe			4. DATE OF DEATH Month Day Year Dec 20 1962
5. SEX F	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 5-1917
9. AGE (last birthday) 45		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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) Collinsville, Ill
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Matthew Pilkus		13b. MOTHER'S MAIDEN NAME Ann Handkrissnas	14. NAME OF HUSBAND OR WIFE Arthur E. Roe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Arthur E. Roe Collinsville, Ill.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest Ruptured intracranial Arterysa 330X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) : DUE TO (c) : PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 10 1962 to Dec 20 1962 and last saw her him alive on Dec 20 1962 Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) Francis S. Walker M.D.		22b. ADDRESS 150 N. Monamee Clayton Mo	22c. DATE SIGNED 12-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-22-62	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Collinsville, Ill.
24. FUNERAL DIRECTOR ADDRESS Schroepfel Funeral Home, Inc. Collinsville, Ill.		25. DATE RECD. BY LOCAL REG. DEC 22 1962	26. REGISTRAR'S SIGNATURE Loan 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 Frank Proff

Licensed Embalmer No. 4356

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.