

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048694
12418 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12418

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		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb		c. CITY OR TOWN		Inside Limits		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits		d. STREET ADDRESS		Reside on Farm					
		St. Louis		9 weeks		Spanish Lake		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Missouri		St. Louis				Spanish Lake		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		11500 Bellefontaine Road		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH																					
MARGARET VIOLENA ROEVER						December 23, 1962																					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR															
Female		White				11-4-1904		58		Months		Days		Hours		Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)						10b. KIND OF BUSINESS OR INDUSTRY						11. BIRTHPLACE (City and state or country)						12. CITIZEN OF WHAT COUNTRY									
Housewife						Own Home						Monroe County, Illinois U.S.A.															
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE															
Nicholas May						Margaret Maus						Monroe Roever															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						16. SOCIAL SECURITY NO.						17. INFORMANT Address															
No						None						Mr. Monroe Roever						11500 Bellefontaine Road									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of breast</i> DUE TO (b) DUE TO (c) <i>170x</i> 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)												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				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 <i>Nov 1962</i> to <i>12-23-62</i> and last saw her ^{her} _{on} alive on <i>12-23-62</i> Death occurred at <i>8:30 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																											
22a. SIGNATURE (Degree or title)												22b. ADDRESS						22c. DATE SIGNED									
<i>William Leightner MD</i>												<i>539 N. Grand</i>						<i>12-24-62</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)															
Removal				Dec. 27, 1962				Valhalla Cemetery				St. Louis County, Missouri															
24. FUNERAL DIRECTOR ADDRESS												25. DATE RECD. BY LOCAL REG.				26. REGISTRAR'S SIGNATURE											
CALVIN F. FEUTZ, 4828 Natural Bridge Bl.												DEC 26 1962				<i>Loan Smith. M.D.</i>											

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. D.B. Flavan
Humbolt Medical Bldg.
JE 1-1255

HOURS: Monday, 2 to 5 PM

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 Robert E. Muhlman

Licensed Embalmer No. 4916

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.