

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-048905

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3672 STATE FILE NUMBER

FILED JAN 10 1962

|   |                            |   |                           |
|---|----------------------------|---|---------------------------|
| 1. PLACE OF DEATH   |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |                           |
| a. COUNTY   | St. Louis                  | a. STATE  | Missouri COUNTY St. Louis |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN                 | Clayton                    | c. CITY OR TOWN   | University City           |
| Length of stay in lb  |                            | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |                           |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION       | DOA St. Louis Co. Hospital | d. STREET ADDRESS (If outside, give location)   | 6810 Vernon Ave.          |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                            | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |                           |

|                                     |        |        |       |                  |       |     |      |
|-------------------------------------|--------|--------|-------|------------------|-------|-----|------|
| 3. NAME OF DECEASED (Type or print) | First  | Middle | Last  | 4. DATE OF DEATH | Month | Day | Year |
|                                     | Alvena | B.     | Bauer |                  | 12    | 14  | 62   |

|        |                  |  |                  |                        |                 |                |
|--------|------------------|--|------------------|------------------------|-----------------|----------------|
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR |
| Female | White            |  | 9-18-1887        | 75                     | Months          | Days           |

|   |                                   |  |                             |
|---|-----------------------------------|--|-----------------------------|
| 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 |
| House work  | Own Home                          | St. Louis, Mo.                             | U.S.A.                      |

|                    |                           |                             |
|--------------------|---------------------------|-----------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| Charles Weifer     | Marv Gleason              | Deceased                    |

|  |                         |                |                  |
|--|-------------------------|----------------|------------------|
| 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                    | Alma F. Barden | 6810 Vernon Ave. |

|   |                                  |
|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Myocardial Infarction   |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease. |                                  |
| DUE TO (c) Disease.   |                                  |

|   |  |
|---|--|
| 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 |
|                     | a.m. p.m. |                  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 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 Jan 16<sup>th</sup> 1962 to Dec 14 1962 and last saw her/him alive on Dec 14 '62  
 Death occurred at \_\_\_\_\_ 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 |
| Lynn Weyman Holler M.D.          | St. Luke's Hosp. | 12/17/62         |

|   |            |                                    |   |
|---|------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE  | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| Burial                                    | 12-17-1962 | Oak Grove Cemetery                 | St. Louis Co., Missouri                       |

|                      |                |                              |                           |
|----------------------|----------------|------------------------------|---------------------------|
| 24. FUNERAL DIRECTOR | ADDRESS        | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| Jos. W. Clark F.H.   | 1121 Hodiamont | 12-17-62                     | Jahn C. Murphy Md.        |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 4002

2 4006

3 2

4 1

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6

7 0

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9 4201

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11

12 92-0

13

**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 W. Willenbrink

Licensed Embalmer No. 24511

P. O. Address A. 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.