MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048962
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3608

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14605
24605

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			
3			
4 1			
5 0			
6			
7 0			
8 1			
9 578X			
10			
11			
12 46-0			
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital
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 Richmond Heights
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1100 Bellevue Avenue
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Sister Middle: Mary Last: Florine Dubbert
4. DATE OF DEATH Month: Dec. Day: 9, Year: 1962
5. SEX F
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 20, 1905
9. AGE (last birthday) 57
IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sister in Religion
10b. KIND OF BUSINESS OR INDUSTRY Religious Worker
11. BIRTHPLACE (City and state or country) St. Elizabeth, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Dubbert
13b. MOTHER'S MAIDEN NAME Mary Verhoff
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 service)
16. SOCIAL SECURITY NO. None
17. INFORMANT S.M.Francine, 1100 Bellevue Avenue, St.L.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis, generalized & bacteremia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Perforation of enterotomy — 1 day
DUE TO (c) Hypertrophic, dilated small bowel.
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 Dec 2, 1962, to Dec. 8, 1962 and last saw (her) him alive on 12-8-62
Death occurred at 1:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. L. Shemin, M.D. (Degree or title)
22b. ADDRESS 4660 Maryland
22c. DATE SIGNED 12-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 12, 1962
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR A.H. Bocklage ADDRESS 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG. 12-11-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis

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.