

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003642

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 314 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>Bellefontaine Neighbors</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarinate Ward Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>1122 Wentworth</u>	

3. NAME OF DECEASED (Type or print) <u>Laura Hussey</u>			4. DATE OF DEATH Month <u>1</u> Day <u>10</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-21-1894</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Hermann, Mo</u>	
13a. FATHER'S NAME <u>Aug Jannusch</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Kuhn</u>		14. NAME OF HUSBAND OR WIFE <u>M. A. R. T I N</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Arthur Hussey 1122 Wentworth</u>	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Arterio sclerotic Heart disease 6 years</u>		<u>6 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized arterio sclerosis</u>	
	DUE TO (c) <u>420.0</u>	

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	
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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 <u>—</u> Month, Day, Year <u>—</u>			

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
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21. I attended the deceased from 1-7-63 to 1-10-63 and last saw her alive on 1-10-63
Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. J. Mc Ginnis M.D.</u>	(Degree or title)	22b. ADDRESS <u>16 Hampton Village</u>	22c. DATE SIGNED <u>1-11-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. Peters</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS Co Mo</u>
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24. FUNERAL DIRECTOR <u>O'SULLIVAN-MUCKLE-KRON MORTUARY</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN 11 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

63

Dr W. Francis
16 Hampton Village
2-7

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

Albert Mayfield

Licensed Embalmer No.

103077

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.