

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009842

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 454

FILED MAR 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4004

2 210

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9 4221

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) <u>Maple Wood</u>		Length of stay in 1b <u>8 Yrs.</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maple Wood Nursing Home</u> <u>2200 Bredell</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4123 N. Taylor Ave.</u>
3. NAME OF DECEASED (Type or print) First <u>Jennie</u> Middle <u>Ethel</u> Last <u>Landon</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>9</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>1-11-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Family Home</u>	11. BIRTHPLACE (City and state or country) <u>Chesterfield, Ill.</u>
13a. FATHER'S NAME <u>Newton Walton</u>		13b. MOTHER'S MAIDEN NAME <u>Larry Peebles</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>		17. INFORMANT <u>Mrs. Bernice Wells</u>	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage from a cerebral vessel</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>4221</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>over 2 years</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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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.)
21. I attended the deceased from <u>January 15, 1961</u> to <u>February 9, 1963</u> and last saw her alive on <u>February 8, 1963</u> Death occurred at <u>3 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <u>Chesterfield</u>	
22a. SIGNATURE <u>James B. Jones</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>9313 Manchester Ave</u> <u>St. Louis 19, Mo.</u>	
23a. DATE <u>Feb. 9, 1963</u>		22c. DATE SIGNED <u>Feb 10, 1963</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Removal</u>		23c. LOCATION (City, town, or county) <u>Chesterfield, Ill.</u>	
24. FUNERAL DIRECTOR <u>Warner Funeral Home.. Brighton, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>2-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>John M. Murphy M.D.</u>		27. REGISTRAR'S SIGNATURE	

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

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 Paul S. Warner
 Illinois
 Licensed Embalmer No. 6841
 P. O. Address Brighton, Ill.

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. **Not Embalmed before removal!**