MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012983
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3392

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAR 28 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b: 12 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hosp
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: ~~St Louis~~
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4652 TIEMAN
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CATHERINE Middle Last ARBUCKLE

4. DATE OF DEATH: Month MAR Day 22 Year 1963

5. SEX: FEMALE
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DEC 14 97
9. AGE (last Birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ERNST WEHNERT
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: PEARL A. ARBUCKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: PEARL A ARBUCKLE 4652 TIEMAN

MEDICAL CERTIFICATION

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)	Acute pulmonary edema	24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic coronary heart disease	1 yr.
DUE TO (c)	Generalized Arteriosclerosis	2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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 11-30-60 to 3-22-63 and last saw her him alive on 3-22-63
Death occurred at 10:08 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): M.D.
22b. ADDRESS: 634 N. Grand Blvd.
22c. DATE SIGNED: 3-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR-25-63
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cem
23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: Thos Kuttis 2906 Gravois
25. DATE RECD. BY LOCAL REG.: MAR 23 1963
26. REGISTRAR'S SIGNATURE: Noah Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	40003		3/28/63
3			
4	1		
5	1		
6			
7	0		
8	2		
9			
10			
11			
12	58-0		
13			

58

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Eleanor Provinee

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

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.

Mr James Roth
Mo Theatre Bldg
JE 3-7469

then tell 12 Sat