

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013982

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3234** STATE FILE NUMBER

FILED APR 8 1963

DO NOT WRITE ON THIS STUB	AMENDED	
VS 300 Rev. 4/59	DATE AMENDED	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1848 R S. 9th St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Margaret Middle West Last West						4. DATE OF DEATH Month March Day 17 Year 1963				
5. SEX Female		6. COLOR OR RACE Cau.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4/30/06		9. AGE (last birthday) 56		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY US.A.		
13a. FATHER'S NAME Oscar Gremgle				13b. MOTHER'S MAIDEN NAME Josephine King		14. NAME OF HUSBAND OR WIFE Earl (Divorced)				
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 June West 1848 R S. 9th Street				
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1st & 3rd degree burns of 50% of body surface; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Suffered when clothing was ignited in her home on February 15th 1963 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition; given in PART I (a) accident 9/6.05/6										
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) See above						
20c. TIME OF INJURY Hour ? Month, Day, Year a.m. 2:15-63 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 26 Home		20f. CITY, TOWN, OR LOCATION St Louis, Mo		COUNTY Mo		STATE
21. I attended the deceased from 200 A to 1 and last saw her/him alive on 1 . Death occurred at 200 A m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Paul J. Simon (Degree or title) Sergeant						22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3-18-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-19-63		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.				
24. FUNERAL DIRECTOR McLaughlin ADDRESS 2301 Lafayette A., e. St. Louis 4, Mo.						25. DATE RECD. BY LOCAL REG. MAR 19 1963		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

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 *A. Y. Farris*

Licensed Embalmer No. 3384

P. O. Address *H. J. Farris*

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.