

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017402

Registered District No. **318** Primary Registration District No. **1003** Registrar's No. **4533** STATE FILE NUMBER

1. PLACE OF DEATH
 a. ~~HOME~~ **City of St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb Yrs. **Yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hosp.** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Mo.**
 c. CITY OR TOWN **St. Louis, Mo.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2701 Eads Ave** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Ruth E. Bone **4 23 63**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **1-1-89** 9. AGE (last birthday) **74** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Johnson, Isaac** 13b. MOTHER'S MAIDEN NAME **Brewer** 14. NAME OF HUSBAND OR WIFE **John (Deceased)**
 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. **[REDACTED]** 17. INFORMANT **Willard Bone, 2911 Gravois, St. Louis** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Myocardial Infarction**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized Arteriosclerosis**
 DUE TO (c) **420.1**
 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 **4/18/63** to **4/23/63** and last saw her/him alive on **4/22/63**
 Death occurred at **7 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John Robert Schaefer MD** 22b. ADDRESS **Firmin Desloge Hospital** 22c. DATE SIGNED **4/23/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4/26/63** 23c. NAME OF CEMETERY OR CREMATORY **Annapolis** 23d. LOCATION (City, town, or county) (State) **Annapolis, Mo.**
 24. FUNERAL DIRECTOR **McLaughlin, 2301 Lafayette,** ADDRESS 25. DATE RECD. BY LOCAL REG. **APR 25 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

61

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 James R. Chapman

Licensed Embalmer No. 4550

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.