

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017809

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4435 STATE FILE NUMBER

FILED MAY 3 1963

1. PLACE OF DEATH
 a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1215 S. Montrose Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1215 S. Montrose Reside on Farm Yes No

3. NAME OF DECEASED First Nettie Middle Last Keith

4. DATE OF DEATH Month 4- Day 18- Year 63

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2-21-1892 9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Nettles Steptoe 13b. MOTHER'S MAIDEN NAME Henrietta Bass 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. 17. INFORMANT Helen Doss Address 4553 Greer

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 2 yr
 DUE TO (b) Hypertensive Cardiovascular disease 5 yr
 DUE TO (c) 443x

CONDITIONS, if any, which are held to be contributory to the above cause (a) stating the underlying cause last

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 11/28/61 to 4/18/63 and last saw her alive on 1/24/63

Death occurred at 4:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. R. Wentzel M.D. 22b. ADDRESS 2726 Chantrelle 22c. DATE SIGNED 4/20/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-23-63 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 23d. LOCATION (City, town, or county) St. Louis County Mo.

24. FUNERAL DIRECTOR Atkins Bros. 3644 Finney Ave. 25. DATE RECD. BY LOCAL REG. APR 22 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcell

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.