

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025863

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **6807** STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY ---		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ---	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in lb 7 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3665a S. Broadway
3. NAME OF DECEASED (Type or print) First EMILIE Middle C. Last FLACH			4. DATE OF DEATH Month JUNE Day 27 Year 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-8-83
9. AGE (last birthday) 80		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 own home	11. BIRTHPLACE (City and state or country) Mascoutah, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Phillip D. Hehner	
13b. MOTHER'S MAIDEN NAME Catherine Lotz		14. NAME OF HUSBAND OR WIFE Joseph Flach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mr. Joseph G. Flach 1440 Frances Rd.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas with metastases			INTERVAL BETWEEN ONSET AND DEATH 9 mons.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause test. DUE TO (b) _____ DUE TO (c) _____ 157x			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8/26/56 to 6/27/63 and last saw her him alive on 6/27/63 Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. O. Vermillion, M.D.</i> (Degree or title)		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-car	23b. DATE 7-1-63	23c. NAME OF CEMETERY OR CREMATORY Mascoutah City Cemetery	23d. LOCATION (City, town, or county) (State) Mascoutah, Illinois
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY SAW		25. DATE RECD. BY LOCAL REG. JUN 29 1963	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

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

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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 *Ria C. Dawson*

Licensed Embalmer No. 4764

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 stated above.