

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038279

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3058

FILED OCT 10 1963

VS 300
Rev. 4/59

1 4031

2 4036

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12 93-2

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b DOA		c. CITY OR TOWN Pine Lawn Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Hospt.			d. STREET ADDRESS (if outside, give location) 6114 Margaret Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Mathilda H Foster			4. DATE OF DEATH Month 10 Day 3 Year 63		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-86	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Carl Oehler		13b. MOTHER'S MAIDEN NAME Mable UNK	
14. NAME OF HUSBAND OR WIFE Wm. F. Foster Dec.		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 Natalie Anderson 6114 Margaret Ave.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Myocardial Infarction minutes
					DUE TO (c) Coronary Thrombosis minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus, Generalized Atherosclerosis				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 type="checkbox"/> NO <input checked="" 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 Nov. 15, 1960 to Oct. 1963 and last saw her alive on Sept. 25, 1963 Death occurred at 11:00p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul E. Wame, D.O.			22b. ADDRESS 8330 Jennings Rd St. Louis 31		22c. DATE SIGNED 10-4-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-7-63	23c. NAME OF CEMETERY OR CREMATORY St. Ann Cemetery		23d. LOCATION (City, town, or county) St. Louis Co, Mo.
24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiamont		25. DATE RECD. BY LOCAL REG. 10-5-63		26. REGISTRAR'S SIGNATURE John B. Murphy 11/8	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 23 1961

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 *W. Willenbrink*

Licensed Embalmer No. 454
P. O. Address *D. Lavin, 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.

Dr. Warne
8330 Jennings Rd.
Co. 1-4919

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