

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038327

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3025

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 MANCHESTER		Length of stay in 1b c. CITY OR TOWN PINECLAWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION PINE CREST NURSING HOME #2		Inside Limits d. STREET ADDRESS 6213 LEXINGTON	
3. NAME OF DECEASED (Type or print) First EMMA Middle Last HUTCHINGS		4. DATE OF DEATH Month SEPT. Day 30 Year 1963	
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 9/17/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (last birthday) 90
11a. FATHER'S NAME WILLIAM SANDERS		11b. BIRTHPLACE (City and state or country) CARLINVILLE ILLINOIS U.S.A.	
13a. FATHER'S NAME WILLIAM SANDERS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address ANITA HUTCHINGS 6213 LEXINGTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			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 s.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 MAY 15, 1963 to SEPT. 30, 1963 and last saw her ^{him} alive on SEPT. 29, 1963 Death occurred at 7:48 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. R. Loving, M.D. (Name or title)		22b. ADDRESS BALLWIN, Mo.	22c. DATE SIGNED 9/30/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 10/2/63	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY	23d. LOCATION (City, town, or county) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL UND CO 4600 NAT'L BRIDGE		25. DATE RECD. BY LOCAL REG. 10-1-63	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
 1400
 24036
 3
 4 1
 5 3
 6
 7 1
 8 2
 9 1221
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 11
 12 86-0
 13

DATE AMENDED

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

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. M. Queter

Licensed Embalmer No. 4685

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.