

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042174
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10505

FILED OCT 31 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	c. CITY OR TOWN		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE		b. COUNTY		
VS 300 Rev. 4/59		St. Louis		2 days	West Alton		Mo.		St. Charles		
1		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
2 0920		Faith Hospital									
3		3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year			
4 1		Mamie Weickert			10 21 63						
5 2		5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR		
6		Female	White		6/24/86	77	Months	Days	Hours	Min.	
7 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY			
8 2		Housewife		Home		St. Louis, Mo.		U.S.A.			
9		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE					
10		Fred Probst		Dora Miller		Otto A. Weickert					
11		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address					
12 60		No		None		George P. Probst, 10227 Halls Ferry Rd					
13		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		DUE TO (b)		DUE TO (c)			
60				Carcinoma of Pancreas		with metastases		157X			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I		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			
		Sin. Arteriosclerosis									
		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		1961		to 10/21/63		and last saw her ^{her} _{him} alive on 10/20/63			
		Death occurred at		1:00 a.m.		on the date stated above, and to the best of my knowledge, from the causes stated.					
		22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED					
		Melvin A. Cassel, M.D.		3400 N. Kingshighway		10/21/63					
		23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		STATE			
		removal	10/23/63	Mt. Lebanon Cemetery		St. Louis County		Mo.			
		24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE					
		Drehmann-Harral 1905 Union		OCT 22 1963		Loan Smith, M.D.					

DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION DOCUMENT

Dr. M. A. Cassel
3400 N. Kingshighway
Ev. 5-1050

Hrs. T11 3:30 PM Mon.

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

Albert R. Thompson

Licensed Embalmer No. 4537

P. O. Address H. Jones

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.