

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **65317**

Primary Registration District No. **500**

Registrar's No.

0018068

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 4600			
2 4008			
3			
4 1			
5 2			
6			
7 0			
8 2			
9 200 F			
10			
11			
12 96-0			
13			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Spanish Lake		Length of stay in 1b 4 Days	c. CITY OR TOWN Jennings
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1117 Maple		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10122 Cavalier Court
3. NAME OF DECEASED (Type or print) Rose Nigh			4. DATE OF DEATH Month April Day 22 Year 1965
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 12-27-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Wallace Pencil Company Crocker, Mo.	9. AGE (last birthday) 83 yrs.
13a. FATHER'S NAME J. R. Smith		13b. MOTHER'S MAIDEN NAME Zula Overby	
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 Mrs. R. E. Pitmon 10122 Cavalier Court	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Cardiac Deomy DUE TO (c) Arteriosclerotic Heart Des. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Right Hip - Fell at home - 4/1/65			INTERVAL BETWEEN ONSET AND DEATH 6 hrs 5 days
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 3:30 Month, Day, Year Jan 1965		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	
21. I attended the deceased from Jan 1965 to April 22/65 and last saw her live on April 22 1965 Death occurred at 8:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. P. [Signature]</i>		22b. ADDRESS 3400 NORTH KINGSHAW HWY ST. LOUIS MO 6315	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-26-1965	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair St. Louis, Missouri 63107		25. DATE RECD. BY LOCAL REG. 4-24-65	
26. REGISTRAR'S SIGNATURE <i>J. P. [Signature]</i>			

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 Julius R Brown

Licensed Embalmer No. 5146

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.