MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-009615 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2405

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	23		
3			
4	1		
5	2		
6			
7	0		
8	2		
9			
10			
11			
12	50-0		
13			

50

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 8 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ALEXIAN BROS. HOSP. Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2424 So. 18th ST. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MATHILDA Middle Last WHITE

4. DATE OF DEATH: Month MARCH Day 1 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: FEB 17 1877

9. AGE (last birthday): 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE

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.: NONE

17. INFORMANT Address: ROLAND WHITE 2424 So. 18th ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Sigmoid & Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastatic Ca of Liver — 3 mos.
DUE TO (c): 153.3

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2/19/63 to 3/1/63 and last saw her him alive on 3/1/63
Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. Kreopcuakend

22b. ADDRESS: 1901 Madison St

22c. DATE SIGNED: 3/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MARCH 4 1963

23c. NAME OF CEMETERY OR CREMATORY: ST. MATTHEWS CEM.

23d. LOCATION (City, town, or county) (State): ST LOUIS MO.

24. FUNERAL DIRECTOR ADDRESS: Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.: MAR 4 1963

26. REGISTRAR'S SIGNATURE: Lead Smith M.D.

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 Eleanor Bonnice

Licensed Embalmer No. 3403

P. O. Address 2906 Grovois

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. Engbreak Mt. 12-4 adam in bank
@ E1-5898 1901 Madison