MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

67 0037672
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3215

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 4005
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11 129
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 28 1967

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Richmond Heights
Length of stay in 1b: 10 Mins.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1105 Yale Ave.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First HAZEL Middle IDEL Last HOLLEY

4. DATE OF DEATH: Month Aug. Day 27, Year 1967

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10/18/1917
9. AGE (last birthday): 49
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): Nurses Aid
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Flat River, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Scott
13b. MOTHER'S MAIDEN NAME: Nellie White
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.: 490-22-9704
17. INFORMANT Address: James Holley 1105 Yale Ave.,

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): Overdose of medications (barbiturates)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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 ☐: Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Ingestion of overdose of medications
20c. TIME OF INJURY: Hour 1:00 a.m. xx Month, Day, Year 8/27/67 approx.
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.): home premises
20f. CITY, TOWN, OR LOCATION / COUNTY / STATE: Richmond Heights St. Louis Missouri

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond L. Hand Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 9/7/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/28/1967
23c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
23d. LOCATION (City, town, or county) (State): Flat River, Missouri

24. FUNERAL DIRECTOR ADDRESS: A. H. Bocklage 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 8-28-67
26. REGISTRAR'S SIGNATURE: John E. Mundy MD

(Licensed Embalmer's Statement on Reverse Side)

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 Robert E. Muehlemann

Licensed Embalmer No. 4946

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.