

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2997**  
Registrar's No. **0837**

FILED FEB 3 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2179</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>17 2336 Tower Grove</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carrie</b>		b. (Middle) _____		c. (Last) <b>Dameron</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan., 23, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 1, 1868</b>	9. AGE (in years last birthday) <b>84</b>	# UNDER 1 YEAR Months <b>7</b> Days <b>22</b>	# UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>Galehart</b>		13b. MOTHER'S MAIDEN NAME <b>Wink</b>		14. NAME OF HUSBAND OR WIFE <b>George E.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dorothy Harris 2336 Tower Grove</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr of left humerus and left hip. Osteomyelitis; subperiosteal abscess.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>she fell on steps at back porch and caused</b> DUE TO (c) <b>fracture on Dec 18 1952</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>about 1030 am</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>ooo Accident</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) <b>Steps</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 18 52 10 30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E9007</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <b>21</b>							
23a. SIGNATURE <b>Patrick E. Taylor</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1-24-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/26/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Salisbury, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 24 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		GENERAL EXAMINER'S SIGNATURE <b>W. F. Smith</b>		ADDRESS <b>1225 Union</b>	

6-61 Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed

*Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *3505 Oakdale*

*St. Louis 20, 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 this body is not embalmed, fact should be so stated above.