

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11558

3445

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. CITY OR TOWN Saint Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS 14 5729 Nottingham		f. (If rural, give location) 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital							
3. NAME OF DECEASED (Type or Print) SARAH		a. (First)		b. (Middle) CARLIN		c. (Last) FREDERIC	
4. DATE OF DEATH MARCH 30, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH about 1883		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? yes		10b. KIND OF BUSINESS OR INDUSTRY Own Home		13a. FATHER'S NAME Patrick Carlin		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Nicholas G Frederic		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME G E Martini, Springdale, Ark (Daughter)	
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) massive intestinal bleeding INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown cause DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Old cholecystitis - no cause of bleeding discovered				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? 578x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 3-29-53 , 19____, to 3-30-53 , 19____, that I last saw the deceased alive on 3-30-53 , 19____, and that death occurred at 12:50 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE C. A. Luer, M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-1953		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul		24d. LOCATION (City, town, or county) (State) St Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 31 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER		ADDRESS COLONIAL MORTUARY	

(Licensed Embalmer's Statement on Reverse Side)

6704 Chippewa St. St. Louis Mo.

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.....
Signature of Student Embalmer

Signed *Linus C. Hoffner*.....

Licensed Embalmer No. *387*.....

P. O. Address *7814 S. L.*.....

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.