

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7068

State File No.

BIRTH NO. 93785-56 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> / COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hazelwood</u>		c. CITY OR TOWN <u>Hazelwood</u> <u>1/100</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 Weeks</u>		STREET ADDRESS (If rural, give location) <u>#19 Flamingo Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#19 Flamingo Rd.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Lynn</u>	c. (Last) <u>Colleen Carson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1957</u>
-------------------------------------	------------------------	-------------------------	---------------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 2, 1956</u>	9. AGE (In years last birthday) <u>1</u> MONTHS <u>13</u> DAYS	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	--	--------------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>William K. Carson</u>	13b. MOTHER'S MAIDEN NAME <u>Peggy Black</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William K. Carson #19 Flamingo Rd.</u>
--	-------------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>some birth</u> <u>Asincolicite</u> <u>24 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Irony obesity</u> DUE TO (c) <u>Auto pharyngitis</u>		
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 <u>7544</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Dec 2, 1956, to Jan 15, 1957, that I last saw the deceased alive on Jan 15, 1957, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Davis M.D.</u> (Degree or title)	23b. ADDRESS <u>35 N. Central</u>	23c. DATE SIGNED <u>1-16-57</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL <u>REMOVAL</u>	24b. DATE <u>Jan 17 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-16-57</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Rombo MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collier Mortuary 10123 St. Charles Rd</u>
---	--	---

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

No Embalming

Signed.....
Sheldon Collier

Licensed Embalmer No. *338*

P. O. Address *10123 St. 6*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.