Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33578

FILED SEP 17 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8313

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5106 N. 20th St — Length of stay in 1b: 01 29

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5106N. 20th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Carrie Middle: L. Last: Hall

4. DATE OF DEATH Month Day Year: Sept. 3, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: June 5, 1887

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Park Lane Hosp.

11. BIRTHPLACE (City and state or country): Greenville, Illinois

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

13. FATHER'S NAME: Jarrard

14. MOTHER'S MAIDEN NAME: UnKnown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-32-1668

17. INFORMANT Address: Ethel Schaeffer 5106 N20th 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) Chronic Myocarditis.
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)
Adeno-carcinoma of the uterus 174X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ ?

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ None

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. None Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐ None

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 July 3, 1957 to Sept 3, 1957 and last saw her/~~him~~ alive on Sept. 3, 1957
Death occurred at 9:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard H. Stone MD

22b. ADDRESS 2435 N. Grand Blvd

22c. DATE SIGNED 9-4-57

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

23b. DATE: 9-6-57

23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Chas. F. Stuart 1225 Union Blvd.

25. DATE RECD. BY LOCAL REG.: SEP 5 57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD MPB

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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