

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019571

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5330

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb D.O.A. 2/29	
d. STREET ADDRESS 6432 Hancock		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Kathleen Middle L Last Cicotte		4. DATE OF DEATH Month 5 Day 19 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-9-1910
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	11. BIRTHPLACE (City and state or country) Columbus, Nebraska
10a. FATHER'S NAME unknown		10b. KIND OF BUSINESS OR INDUSTRY Just Hitching Post	
11. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S MAIDEN NAME Restumant		14. NAME OF HUSBAND OR WIFE Joseph E Cicotte	
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. 507 16 6196	
17. INFORMANT Joseph E Cicotte		Address 6432 Hancock, St. Louis 9, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of heart, self-inflicted at home, 6432 Hancock on May 19, 1958 DUE TO (b) about 3:20 P.M. (W. Ketcher) accidental DUE TO (c) or intentional could not be determined			INTERVAL BETWEEN ONSET AND DEATH open verdict
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976x			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE Open Verdict		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY 3:20 P. 5/19/58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 14 home		20f. CITY, TOWN, OR LOCATION St. Louis	
20g. COUNTY Mo.		20h. STATE Mo.	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at 3:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph E Cicotte		22b. ADDRESS 1500 Chestnut	
22c. DATE SIGNED 5/20/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-22-1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St Louis Co Mo
24. FUNERAL DIRECTOR ADDRESS Hollmelster Colonial Mortuary		25. DATE RECD. BY LOCAL REG. MAY 20 58	26. REGISTRAR'S SIGNATURE J. Carl Smith MD
6464 Chippewa Street St. Louis 9, Mo		mJB	

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 *Bill C. Branson*

Licensed Embalmer No. *4764*

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.