Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042547
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3202

FILED DEC 15 1958

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County — Length of stay in 1b 8 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Crestwood 4000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 10020 Hi # 66 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CAROL Middle June Last MAINE

4. DATE OF DEATH Month Day Year Dec. 7, 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH MAY 3, 1937
9. AGE (In years last birthday) 21 — 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) Waitress
10b. KIND OF BUSINESS OR INDUSTRY Round-up Cafe
11. BIRTHPLACE (City and state or country) St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sherman Maine
13b. MOTHER'S MAIDEN NAME Geneva Hendrickson
14. NAME OF HUSBAND OR WIFE None

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. 496-38-1124
17. INFORMANT Sherman Maine, Address 708 Forest, Valley Park, Mo.

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) Respiratory arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain stem injury
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)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car involved in auto collision

20c. TIME OF INJURY Hour a.m. 9:30 p.m. Month, Day, Year 11-6-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION 4 no COUNTY STATE St. Louis, Missouri

21. I attended the deceased from 12-6-58, to 12-7-58 and last saw her him alive on 12-7-58
Death occurred at 5 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent L Friedrich M D
22b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.
22c. DATE SIGNED 12-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/20/58
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery,
23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo.
25. DATE RECD. BY LOCAL REG. 12-8-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.