

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017205

FILED VS APR 25 1960

2 4018

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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 St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1222 N. 8th

3. NAME OF DECEASED (Type or print) First MIDDLE Last HATTIE O'DONNELL			4. DATE OF DEATH Month Day Year April 9 1960		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/25/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME Thomas Kelly	13b. MOTHER'S MAIDEN NAME Margaret Tice	14. NAME OF HUSBAND OR WIFE Maurice O'Donnell
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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. none	17. INFORMANT Marge Gesterling 3905 Hartford
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Aspiration of vomitus</i> DUE TO (b) <i>Cardiac failure</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cholic access due to diverticulitis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>March 18, 1960</i> to <i>April 9, 1960</i> and last saw her alive on <i>April 9, 1960</i> Death occurred at <i>3:10 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Phillip B. Gerson M.D.</i> (degree or title)	22b. ADDRESS <i>2165 Kingshighway St. Louis Mo.</i>	22c. DATE SIGNED <i>April 12, 1960</i>
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23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 4/13/60	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) Jefferson Barracks Mo.
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24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette	25. DATE RECD. BY LOCAL REG. APR 12 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

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 Thomas R. Renuice

Licensed Embalmer No. 3793

P.O. Address 3125 Lafayette

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.