URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-017486

STATE FILE NUMBER

FILED VS MAY 6 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 24424

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 30 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Stone Nursing Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5630 Pershing Ave
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Marye Middle: Ella Last: Witter

4. DATE OF DEATH: Month April Day 22 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: 3/21/1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Operator (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Caraflol & Silverman D. Shop
11. BIRTHPLACE (City and state or country): Morey, Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John English
13b. MOTHER'S MAIDEN NAME: Elizabeth Conners
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): None
16. SOCIAL SECURITY NO.: 494-01-6049
17. INFORMANT: Mrs Kelvin A, Gilbert Address: 5563 Clemens

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): Cardiac failure
INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Dis.
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): aortic aneurysm.

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1954, to Apr 22, 1960 and last saw her alive on 4-22-60
Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Melvin B Kirstein (Degree or title) MD
22b. ADDRESS: 950 Francis Pl St Louis Mo
22c. DATE SIGNED: 4-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/25/60
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co, Missouri

24. FUNERAL DIRECTOR: Alexander & Sons ADDRESS: 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: APR 25 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. L.P.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Jos. E. McCullok

Signature of Student Embalmer

Licensed Embalmer No. 24

P. O. Address

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

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.