

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024388  
STATE FILE NUMBER

FILED VS JUN 29 1960

318

Primary Registration District No. 1003

Registrar's No. 5268

NDEB

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 Wks		c. CITY OR TOWN Ferguson		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1022 McCausland Ave.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 300 Atwood Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Elmer Mary Carter				4. DATE OF DEATH Month Day Year 5-17-60				
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 7-7-87	9. AGE (last birthday) 72	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) At home			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Woodbury Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME C.C. Hoover			13b. MOTHER'S MAIDEN NAME Betty Curlee			14. NAME OF HUSBAND OR WIFE Y ouree J. Carter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Carlene Chilton Ferguson, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)				Circulatory failure				instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		coronary occlusion 420-1				instant
		DUE TO (c)		chronic hypertension				20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none						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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
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
21. I attended the deceased from Dec. 1955 to May 17, 1960 and last saw her alive on May 17, 1960 Death occurred at 6:52 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) H. L. Ellbrecht				22b. ADDRESS D. C. 1022 McCausland - St. Louis			22c. DATE SIGNED 5-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-21-60	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		23d. LOCATION (City, town, or county) Woodbury, Tenn.		(State)	
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd.			25. DATE RECD. BY LOCAL REG. MAY 19 1960		26. REGISTRAR'S SIGNATURE Loal Smith, M.D. mjs			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohrman

Licensed Embalmer No. 3395

P. O. Address St Louis 35

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.