URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-028856

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6788

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b 5 mo. 3 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis State Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS 5400 Arsenal St. transferred from St.Louis Chronic Hosp — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CARRIE Middle Last TATUM

4. DATE OF DEATH Month July Day 4th Year 1960

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8-26-93

9. AGE (last birthday) 66 yrs. — IF UNDER 1 YEAR Months 10 Days 8 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) formerly: Domestic

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Arkansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Hulett Davidson

13b. MOTHER'S MAIDEN NAME Gussie

14. NAME OF HUSBAND OR WIFE Deceased

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. ?

17. INFORMANT Lucille McDonald Address 1009 N. Vanderventer

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) Pneumonitis 1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pyelonephritis, Bacterial 1 month

DUE TO (c) 600.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Feb. 1, 1960, to July 4, 1960 and last saw her ~~him~~ alive on July 4, 1960

Death occurred at 3:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas Thale MD

22b. ADDRESS 5400 Arsenal St.

22c. DATE SIGNED 7-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-9-1960

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Ellis FuneralHome ADDRESS 2820 Stoddard St.

25. DATE RECD. BY LOCAL REG. JUL 6 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Fulton E. Culkin

Signature of Student Embalmer

Licensed Embalmer No. 1,98

P. O. Address St Louis

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