

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029039

FILED VS

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1966

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Length of stay in 1b	c. CITY OR TOWN <u>St Charles</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Rt 2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Carol Jean Huster</u>			4. DATE OF DEATH Month Day Year <u>June 26 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/5/1939</u>	9. AGE (last birthday) <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beauty Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Beauty Shop</u>	11. BIRTHPLACE (City and state or country) <u>St Charles Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Walter Huster</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Blohm</u>		14. NAME OF HUSBAND OR WIFE <u>_____</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-44-5137</u>	17. INFORMANT Address <u>Walter Huster Rt 2 St Charles</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries, shock and hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Driver lost control of car in which she was a passenger, skidding on loose gravel on a curve, causing the car to overturn</u>			
20c. TIME OF INJURY Hour <u>2:19</u> <u>3:36</u> p.m. Month, Day, Year <u>6/26/60</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public road</u>	20f. CITY, TOWN, OR LOCATION <u>Rural</u>	COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Raymond M. Hauer</u> Coroner			22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>7/12/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>6/29/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>	
24. FUNERAL DIRECTOR <u>Arthur C Baue</u>		ADDRESS <u>St Charles Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-28-60</u>	26. REGISTRAR'S SIGNATURE <u>J. B. Murphy M.D.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 26 1960

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

David C. Bane

Licensed Embalmer No. 5066

P. O. Address S. H. Ch...

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.