

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8894

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>16 Day's</u>	c. CITY OR TOWN <u>Woodson Terrace</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardinal Glennon Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9716 Corregidor</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Linda Middle MARIE Last Degenhardt

4. DATE OF DEATH Month Sept. Day 8 Year 1960

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 9/27/1956 9. AGE (last birthday) 3

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 At Home

11. BIRTHPLACE (City and state or country) Belleville Illinois U.S.A.

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

13a. FATHER'S NAME Francis Degenhardt 13b. MOTHER'S MAIDEN NAME Annabel Musholt 14. NAME OF HUSBAND OR WIFE Single

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 Francis Degenhardt Address 9716 Corregidor

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute leukemia

Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b)    DUE TO (c) 204.3

INTERVAL BETWEEN ONSET AND DEATH 2 months

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.  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 8/23/60 to 9/8/60 and last saw her alive on 9/8/60. Death occurred at 9:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James P. King M.D. 22b. ADDRESS 1465 S. Grand Avenue 22c. DATE SIGNED 9/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/12/1960 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) Quincy, Illinois

24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo. 25. DATE RECD. BY LOCAL REG. SEP 9 1960 26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

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 Sheldon Collins

Licensed Embalmer No. 338

P. O. Address St. Ann

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