

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036664

FILED VS OCT 6 1960

318

1003

9468

STATE FILE NUMBER

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

DEED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>				Length of stay in lb <b>3 WEEKS</b>		c. CITY OR TOWN <b>ST LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5932<sup>a</sup> ETZEL</b>	
3. NAME OF DECEASED (Type or print) First <b>EVELYN</b> Middle <b>LAURA</b> Last <b>TUTTLE</b>				4. DATE OF DEATH Month <b>SEPT</b> Day <b>26</b> Year <b>1960</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>NOV 6, 1878</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NEW ORLEANS, LA</b>		9. AGE (last birthday) Months Days Hours Min.		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HANNIBAL S BLOOD</b>			13b. MOTHER'S MAIDEN NAME <b>MARY ANN PERKS</b>			14. NAME OF HUSBAND OR WIFE <b>DR GEORGE B TUTTLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>DOROTHY NEWMAN</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of colon</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>	
DUE TO (b)							
DUE TO (c) <b>153.8</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Danger of right leg secondary to arterial embolus</b>						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 <b>1954</b> to <b>Sept 26, 60</b> and last saw her <b>alive</b> on <b>Sept 26, 1960</b> Death occurred at <b>8:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Barrett L. Tamsig M.D.</b>				22b. ADDRESS <b>4500 Olive St</b>		22c. DATE SIGNED (State) <b>Sept 27, 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>SEPT 28, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ST. LOUIS MO</b>	
24. FUNERAL DIRECTOR <b>Stock Mortuary 889 S Brentwood</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 27 1960</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith. M.D.</b>	

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Paul G. Wachtel

Licensed Embalmer No. 478

P. O. Address St Louis

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