IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-036912

FILED VS OCT 10 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2890 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary,s Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST LOUIS
c. CITY OR TOWN LADUE — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 10059 BRIARWOOD DR. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Mary Middle: Jo Last: Carter
4. DATE OF DEATH Month: October Day: 1 Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 3/13/93
9. AGE (last birthday) 67 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME Frank Hynek
13b. MOTHER'S MAIDEN NAME Mary Zelenka
14. NAME OF HUSBAND OR WIFE John
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 Address Virginia Morse 10059 Briarwood Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bacterial Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ulcerative Colitis — few weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis
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 1952, to death and last saw her alive on Oct 1, 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel L. Fletcher M.D. (Degree or title)
22b. ADDRESS 634 N. Grand Ave
22c. DATE SIGNED 10-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/4/60
23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem
23d. LOCATION (City, town, or county) (State) St Louis Mo

24. FUNERAL DIRECTOR Moydell Funeral Home — ADDRESS 1926 Allen
25. DATE RECD. BY LOCAL REG. 10-3-60
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Hadley P. Fuller Jr

Signature of Student Embalmer

Licensed Embalmer No. 4950

P. O. Address St Louis

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