

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038809

FILED VS OCT 21 1960

160

Registration District No. Primary Registration District No. 559 Registrar's No. 129

STATE FILE NUMBER

INDEXED

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 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 Joachim Twp. | | c. CITY OR TOWN ST. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MOUNTAIN VIEW HOME | | d. STREET ADDRESS (If outside, give location) 2803 INDIANA | |

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First Offie Middle Last Hart | | | 4. DATE OF DEATH Month 10 Day 11 Year 60 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept 13-1897 | 9. AGE (last birthday) 63 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Pevely Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME ERNEST Rothe | | 13b. MOTHER'S MAIDEN NAME KATHERINE Hale | |
| 14. NAME OF HUSBAND OR WIFE THOMAS HART | | 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. | |
| 17. INFORMANT Thomas HART 2803 INDIANA | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast. DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. | |

| | | | | | |
|---|--|--|---|--|--|
| 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 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 **6-21-60** to **10-11-60** and last saw her ^{him} alive on **10-10-60**.
Death occurred at **6:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|--|---------------------------------|---|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title) R. D. Donnell, M.D. | | 22b. ADDRESS Crystal City, Mo. | | 22c. DATE SIGNED 10-11-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE OCT 13-1960 | 23c. NAME OF CEMETERY OR CREMATORY CONCORDIA Cemetery | 23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo. | |
| 24. FUNERAL DIRECTOR Thomas H. Curtis 2906 Kansas | | 25. DATE RECD. BY LOCAL REG. 10-12-60 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 2 1980

OCT 21 1980

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 E. Leavitt

Licensed Embalmer No. 3403

P. O. Address 2906 Gr

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.