URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-043667

FILED VS DEC 7 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11493 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 2 wks.

c. CITY OR TOWN St. Johns, — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8530 Forest — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Helen Middle Anna Last Hatter

4. DATE OF DEATH Month Nov. Day 28, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/8/1906

9. AGE (last birthday) 54 — 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 Domestic

11. BIRTHPLACE (City and state or country) Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert Scheffer

13b. MOTHER'S MAIDEN NAME Anna Surblis

14. NAME OF HUSBAND OR WIFE Forrest Hatter

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. 494-10-9156

17. INFORMANT Address Forrest Hatter 8530 Forest, St. Johns Mo.

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

IMMEDIATE CAUSE (a) Cardiac failure - carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of ovary

DUE TO (c) 175.0

INTERVAL BETWEEN ONSET AND DEATH

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 Jany 1960, to Nov 28, 1960 and last saw her alive on Nov 28 1960

Death occurred at 8 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mitchell Yanner MD

22b. ADDRESS 2428 Woodson Overland Mo

22c. DATE SIGNED 11-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12/1/60

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.

23d. LOCATION (City, town, or county) (State) St. Louis Co. MO

24. FUNERAL DIRECTOR ADDRESS Ortmann F. Home 9222 Lackland Overland Mo.

25. DATE RECD. BY LOCAL REG. NOV 29 1960

26. REGISTRAR'S SIGNATURE Hearl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1960

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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 Al C Ortmann

Licensed Embalmer No. 347

P. O. Address_____

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