URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

60-044304

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10846

NDED

11/29/60

Male

Female

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3244 Texas
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: ~~Infant~~ Last: Todt

4. DATE OF DEATH: Month Nov. Day 9, Year 1960

5. SEX: Female ~~Male~~

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-9-60

9. AGE (last birthday)
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Owen Todt

13b. MOTHER'S MAIDEN NAME: Ruth Hanrahan

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Owen Todt Address: 3244 Texas, St.Louis, 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): Fetal anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cause unknown
DUE TO (c): 762.0
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 11-9-60, to 11-9-60 and last saw her/him alive on 11-9-60

Death occurred at 2:25A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. Brunner M.D.

22b. ADDRESS: 3606 Gravois

22c. DATE SIGNED: 11/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 11-10-60

23c. NAME OF CEMETERY OR CREMATORY: Mt. Clive

23d. LOCATION (City, town, or county) (State): Lemay, Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home ADDRESS: 6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 10 1960

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

Mr Theo Brennan

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 Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student _____ Signed David Van Fossen
Signature of Student Embalmer

Licensed Embalmer No. 4242

P. O. Address St Louis

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.