RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

1961

-60-047702

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12206 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 5827 Etzel
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CARRIE Middle ALBERTA Last LUSTER
4. DATE OF DEATH: Month DECEMBER Day 17 Year 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/19/13
9. AGE (last birthday): 47
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: None
11. BIRTHPLACE (City and state or country): Tiff, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JERRY BAKER
13b. MOTHER'S MAIDEN NAME: EUNICE MURPHY
14. NAME OF HUSBAND OR WIFE: JESSE LUSTER
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.: Unknown
17. INFORMANT: Jesse Luster, Address: 5827 Etzel, St. Louis

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) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 10 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 443x
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 X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 AUG. 14, 1952, to NOV. 19, 1960 and last saw her/him alive on NOV. 19, 1960
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 12/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/24/60
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Co., Missouri
24. FUNERAL DIRECTOR: Mariondo Officer ADDRESS: 2114 Missouri St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: DEC 20 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Frank Prakopf

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St. Louis,

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