

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 774

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis (15)</i>		Length of stay in 1b	c. CITY OR TOWN <i>St Louis (7)</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Hospital</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3257 N. 20<sup>th</sup> ST</i>	
3. NAME OF DECEASED (Type or print) First <i>Debra</i> Middle <i>Dean</i> Last <i>Cathey</i>			4. DATE OF DEATH Month <i>1</i> Day <i>22</i> Year <i>61</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-17-61</i>	9. AGE (last birthday) <i>15</i>	IF UNDER 1 YEAR Months <i>15</i> Days <i>15</i>
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) <i>St Louis - Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Junior Eugene Cathey</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Rose Helmick</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>J. E. Cathey</i> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>premature</i> DUE TO (b) <i>Spinales developed in ventral</i> DUE TO (c) <i>77bx</i>					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. <input type="checkbox"/> Yes <input 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 <i>8:00</i> a.m. <i>30</i> p.m.		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 <i>1-17-61 at 8 a.m.</i> to <i>1-22-61</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>1-22-61-7 a.m.</i> Death occurred at <i>1:50</i> <i>P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. E. Morris MD</i> (Degree or title)			22b. ADDRESS <i>4110 W. T. Lorenz Ave</i>		22c. DATE SIGNED <i>1-23-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>1-31-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc</i> ADDRESS <i>4104-06 Manchester</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 26 1961</i>		26. REGISTRAR'S SIGNATURE <i>Dean Smith, M.D.</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DATE AMENDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.