

ED VS JAN 16 1961
 AMENDED
 Registration District No. 318 Primary Registration District No. Registrar's No. 5

DATE AMENDED	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
	a. COUNTY				a. STATE Mo.		b. COUNTY St. Louis	
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in lb	c. CITY OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2277 Luxmore Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. Year	
	First MARY		Middle MORRIS		Month JAN.		Day 1	Year 1961
	5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/23/1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
	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) Chicago Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
	13a. FATHER'S NAME Mark Martin			13b. MOTHER'S MAIDEN NAME Margarett Higgins		14. NAME OF HUSBAND OR WIFE (Deceased) William		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? No (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT L.A. Meyer 2277 Luxmore Dr.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pneumonia, Friedlander's							19 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							490X	
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 Nov 25, 1960 to Jan 1, 1961 and last saw her ^{her} _{him} alive on Dec. 31, 1961 Death occurred at 11:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Dr. Russell C. Luff</i>				(Degree or title)		22b. ADDRESS Northland Medical Bldg.		
						22c. DATE SIGNED Jan. 2, 1961		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/2/1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		23d. LOCATION (City, town, or county) Chicago Ill.			
24. FUNERAL DIRECTOR JOHN STYGAR & SON				ADDRESS 5541 RIVERVIEW BLVD,		25. DATE RECD. BY LOCAL REG. JAN. 2 1961	26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 *J. M. Rister*

Licensed Embalmer No. 3980

P. O. Address *H. L. Lewis*

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.