

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006278
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 1015

Registration District No. 1000
FILED VS FEB 20 1961

AMENDED

DATE AMENDED 2/2

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 504 Lake Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Leona J. Altshuler			4. DATE OF DEATH Month Day Year January 31, 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Stevenson		13b. MOTHER'S MAIDEN NAME Emma Green		14. NAME OF HUSBAND OR WIFE Philip		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Marie Kearney, 504 Lake Ave.			
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>Barbiturate Poisoning (Tumol) when deceased took overdose of prescribed pills (Pain) in home on January 31, 1961</i> DUE TO (b) <i>ACCIDENT</i> DUE TO (c) <i>ACCIDENT</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) <i>871:0-14</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>See Above</i>				
20c. TIME OF INJURY Hour a.m. p.m. <i>1-31-61</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>12 Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis, Mo</i>	COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at: <i>10:15 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Patrick E Taylor Carna -</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>2-1-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	23b. DATE <i>2-3-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crematory</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Harrigan-Sheahan, 4700 Washington Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 1 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

OCT 24 1961

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 JW^m Binkley
Licensed Embalmer No. 3653

P. O. Address St Louis 8

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.