

FILED VS MAR 13 1961 318 Primary Registration District No. 1003 Registrar's No. 2088-61-011219 STATE FILE NUMBER

AMENDED

DATE AMENDED

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 <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. LOUIS, MO</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>ST. LOUIS CITY HOSP. #1.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2825 LASALLE</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>BABY BOY</i> Middle <i>NEVITT</i> Last			4. DATE OF DEATH Month <i>FEB.</i> Day <i>19,</i> Year <i>1961</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/18/61</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>1</i> Days <i>11</i> Hours <i>37</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>WILLIE NEVITT</i>		13b. MOTHER'S MAIDEN NAME <i>LORENE WASHINGTON</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>ST. LOUIS CITY HOSP. #1.</i> Address		
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)		<i>Respiratal asphyxia</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Pulmonary Congestion</i>			
		DUE TO (c) <i>762.0</i>			
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 checked="" type="checkbox"/> NO <input 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 <i>2/18/61</i> to <i>2/19/61</i> and last saw her/him alive on <i>2/19/61</i> Death occurred at <i>11P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Derald J. Deulen M.D.</i> (Degree or title)		22b. ADDRESS <i>1515 LAFAYETTE AVE</i>		22c. DATE SIGNED <i>2/20/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>MAR 31 1961</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, Inc. 4104-06 Manchester</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 2 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		

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.