SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5057 -61-019063 STATE FILE NUMBER

AMENDED

FILED JUN 8 1961

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 ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Baptist Hospital | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4710a Ashland Ave. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ruby Middle --- Last Hartman

4. DATE OF DEATH Month May Day 27, Year 1961.

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9/17/1903

9. AGE (last birthday) 57 | 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) Waitress

10b. KIND OF BUSINESS OR INDUSTRY Golden Ivy Restaurant

11. BIRTHPLACE (City and state or country) Herron, Illinois.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Pete McElyea

13b. MOTHER'S MAIDEN NAME Mary Worsham

14. NAME OF HUSBAND OR WIFE Dont Know

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.

17. INFORMANT Mrs. Alex Avena Address 9014 Pilot 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) Renal Insufficiency | INTERVAL BETWEEN ONSET AND DEATH 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congenital, Bilateral, Polycystic Kidneys

DUE TO (c) 757.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremic Cardiitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 1953, to May 27, 1961 and last saw her/him alive on May 27, 1961
Death occurred at 7:45 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles A. Molden, M.D.

22b. ADDRESS 3121 N. Grand

22c. DATE SIGNED May 29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE May 31, 1961

23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. MAY 29 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED 8/-

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

MEDICAL CERTIFICATION

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 Robert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, Mo

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.