SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022976
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5400

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Length of stay in 1b 12 days

c. CITY OR TOWN Overland — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Children's — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 3332 Rex — Reside on Farm Yes ☑ No ☑

3. NAME OF DECEASED (Type or print) First Sheree Middle Marie Last Neuroth

4. DATE OF DEATH Month 6 Day 8 Year 61

5. SEX Female

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-3-54

9. AGE (last birthday) 6 years — 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) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John L. Neuroth

13b. MOTHER'S MAIDEN NAME Shirley Minetz

14. NAME OF HUSBAND OR WIFE none

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. none

17. INFORMANT Mary Ritter — Address 500 S Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Arrest

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

DUE TO (b) Glioblastoma – Post OP (Intraventricular)

DUE TO (c)

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) 193.0

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 5-27-61, to 6-8-61 and last saw her/him alive on 6-8-61
Death occurred at 2:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Eugenia M Pierce, M.D.

22b. ADDRESS Childrens Hospital

22c. DATE SIGNED 6-8-61

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

23b. DATE 6-12-61

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Ortmann Funeral Home Overland, Mo.

25. DATE RECD. BY LOCAL REG. JUN 9 1961

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

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — 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_____ Signed Al C Ottmann

Signature of Student Embalmer

Licensed Embalmer No. 3428

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.