

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-023030

AMENDED
 DATE AMENDED
 INS READ OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 6270		STATE FILE NUMBER	
FILED JUL 13 1961							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KINLOCH			Length of stay in 1b		c. CITY OR TOWN KINLOCH		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8208-5th Street	
3. NAME OF DECEASED (Type or print) First Nora Middle Petty Last				4. DATE OF DEATH Month June Day 27 Year 1961			
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/27/1905	
						9. AGE (last birthday) 55	
						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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) West Point, Miss.	
						12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Thompson			13b. MOTHER'S MAIDEN NAME Nora E. Allen			14. NAME OF HUSBAND OR WIFE Mack Petty	
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 Mr. Mack Petty Address 8208-5th Street	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Nephrosclerosis + Pyelonephritis DUE TO (c) Diabetes Mellitus + Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x 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 March '55 to April '61 and last saw her alive on 6/27/61 Death occurred at 805 Tom on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. Cecelia Reichert MD				22b. ADDRESS 16 Hampton Village Plaza		22c. DATE SIGNED 6/30/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/1/61		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) Berkley, Missouri (State)	
24. FUNERAL DIRECTOR E. B. Boone ADDRESS 1221 North Grand				25. DATE RECD. BY LOCAL REG. 6-30-61		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

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 Oliver E. Crumble, Student Embalmer No. 642
working under my personal supervision.

Student Oliver E. Crumble
Signature of Student Embalmer

Signed Milton Blackburn
Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

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.