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-61-030614

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED AUG 23 1961

|  |  |   |   |   |   |  |  |
|--|--|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>St. Louis</b>   |  | Length of stay in 1b  |   | c. CITY OR TOWN<br><b>St. Louis</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Homer G. Phillips</b>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>3124 Vine Grove</b>     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Tina</b> Middle <b>Louise</b> Last <b>Caruthers</b>  |  |   |   | 4. DATE OF DEATH<br>Month <b>8</b> Day <b>9</b> Year <b>61</b>  |   |  |  |
| 5. SEX<br><b>Fem.</b>  | 6. COLOR OR RACE<br><b>Negro</b>       | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>8-9-61</b>   | 9. AGE (last birthday)  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours <b>55</b> Mins _____                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>Saint Louis, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                  |
| 13a. FATHER'S NAME<br><b>Lawrence Caruthers</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Dora Casimere</b>                         |   |   | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   |  |   | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT Address<br><b>Mrs. Mary D. Jett, R.R.L., 2601 N. Whittier</b> |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Premature birth, Neonatal death</b> |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |   | DUE TO (b)  |   | DUE TO (c)  |  | <b>762.5</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Atlectasis</b>                 |  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year                       |   |   |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>8-9-61</b> to <b>8-9-61</b> and last saw her <del>xxx</del> alive on <b>8-9-61</b>   |  |   |   | Death occurred at <b>10:55 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.      |   |  |  |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree & title)<br><b>, M. D.</b>  |  |   |   | 22b. ADDRESS<br><b>2601 N. Whittier</b>   |   | 22c. DATE SIGNED<br><b>8-11-61</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br><b>8-31-61</b>            | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>   |   | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b>  |   | (State)  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Rowland Mortuary Svc. 4104 1/2 Manchester</b>   |  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 17 1961</b>  |   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |  |

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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.