

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-034136

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8179

STATE FILE NUMBER

FILED SEP 18 1961

a. COUNTY <b>St. Louis</b>		Length of stay in 1b <b>34 Hrs.</b>		c. CITY OR TOWN <b>Wellston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospt.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1575 Valle Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Tina Carroll Channell</b>			4. DATE OF DEATH Month Day Year <b>9-1-61</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>8-31-61</b>		9. AGE (last birthday) Months Days Hours Min. <b>1 11</b>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Charles Channell</b>		13b. MOTHER'S MAIDEN NAME <b>Shelba Green</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Chas. Channell</b>		Address <b>1575 Valle Ave.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		<b>35 hrs.</b>	
IMMEDIATE CAUSE (a) <b>Atelectasis</b>		<b>35 hrs.</b>	
DUE TO (b) <b>Prematurity</b>			
DUE TO (c) <b>7625</b>			
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 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.)
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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
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21. I attended the deceased from 8/31/61 to 9/1/61 and last saw her/him alive on 9/1/61  
Death occurred at 9:00p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Burch W. Mevitt M.D.</i>	(Degree or title)	22b. ADDRESS <i>7309 Natural Bridge Rd</i>	22c. DATE SIGNED <i>9/2/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>	23d. LOCATION (City, town, or county) <b>Steele, Missouri</b>
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24. FUNERAL DIRECTOR <b>J. W. Clark F. H. 1125 Hodiamont Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 2 1961</b>	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
ITEM NO.  
BY AFFIDAVIT OF

Dr. Merritt  
7309 Nat. Bridge  
Ev. 3 2923

**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

*W. J. Bennett*

Licensed Embalmer No. 4511

P. O. Address St. Louis, 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.