

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046507

AMENDED

Registration District No. 318Primary Registration District No. 1003Registrar's No. 11706

STATE FILE NUMBER

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarnate Word</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3901 Wyoming</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JANE</u> Middle <u>KIME</u> Last			4. DATE OF DEATH Month <u>Dec.</u> Day <u>14</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/11/83</u>
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Alfred Simmes</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Kime</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Ralph Kime, 3901 Wyoming, St. Louis, Mo</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Terminal Pneumonia</u> DUE TO (c) <u>4201F</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause part.			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 week</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of femur 2 months prior</u>			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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell on street address unknown</u>	
20c. TIME OF INJURY Hour <u>ab. 2mos. ago</u> a.m.		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.) <u>oo Street</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis,</u>	COUNTY <u>Mo.</u> STATE
21. I attended the deceased from <u>Dec</u> to <u>1960</u> and last saw her/him alive on <u>14 Dec 61</u> Death occurred at <u>2 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank Mason</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>4209 S Kingshighway</u>	22c. DATE SIGNED <u>15 Dec 61</u>
23b. DATE <u>12/18/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concordia</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>McLaughlin, 2301 Lafayette, St. Louis</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>DEC 15 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Smith, M.D.</u>

DOCUMENT

MEDICAL CERTIFICATION

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

H. G. Jarvis

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.