MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962

-62-013423
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 780

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002
2 4023 2
3
4 3
5 2
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7 0
8 1
9 163X
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12 45-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Fro~~ CLAYTON MO
Length of stay in No: 3 DAYS ~~[illegible]~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: COUNTY HOSP ~~10355 Conway Rd~~
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: ST LOUIS
c. CITY OR TOWN: FRONTENNAC
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 10355 Conway Rd
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First HELEN Middle Last CARTER
4. DATE OF DEATH: Month 3 Day 3 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 12-9-1909
9. AGE (last birthday): 52
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): DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (City and state or country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UNKN.
13b. MOTHER'S MAIDEN NAME: UNKN.
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) No
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Burma Carter Address: 10355 Conway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Recent left pneumonectomy
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): Carcinoma Lung

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 11-28-1961, to 3-3-1962 and last saw her/him alive on 3-3-1962
Death occurred at 417 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert L Howe MD
22b. ADDRESS: 601 So. Brentwood Blvd
22c. DATE SIGNED: 3-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-8-62
23c. NAME OF CEMETERY OR CREMATORY: Father Dickens
23d. LOCATION (City, town, or county) (State): Crestwood Mo.
24a. FUNERAL DIRECTOR: J. T. Yandell Sons
ADDRESS: 22 Euclid
25. DATE RECD. BY LOCAL REG.: 3-6-62
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1963

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 Theodore J. Yandell

Licensed Embalmer No. 4243

P. O. Address 22 Euclid Webster Groves 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.