

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016660

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3956**

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1962

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS** Length of stay-in (b) c. CITY OR TOWN **ST LOUIS** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST LOUIS CHRONIC** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **5800 Arsenal** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
 (Type or print) Rev. **John Carruthers** **4-13-62**

5. SEX **male** 6. COLOR OR RACE **C** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-22-1880** 9. AGE (last birthday) **82** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Preacher** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (City and state or country) **Pittsburg, Miss.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Tom Carruthers** 13b. MOTHER'S MAIDEN NAME **Lila Sherfield** 14. NAME OF HUSBAND OR WIFE **-**

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. **unknown** 17. INFORMANT **Mrs. Willa Mae Harris - 4346 Page** 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) **Bronchopneumonia** INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **491x**
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Sanitized antemortem** 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 **2-17-62** to **4-13-62** and last saw her/him alive on **4-12-62**
 Death occurred at **12:05 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. E. Smith M.D.** (Degree & title) 22b. ADDRESS **5800 Arsenal** 22c. DATE SIGNED **4/13/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-17-62** 23c. NAME OF CEMETERY OR CREMATORY **Father Dickson Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR **ATKINS BROS.** ADDRESS **3644 Finney Ave.** 25. DATE RECD. BY LOCAL REG. **APR 16 1962** 26. REGISTRAR'S SIGNATURE **Joan Smith, M.D.**

VS 300
 Rev. 4/59
 1
 2 **213**
 3
 4 **2**
 5 **2**
 6
 7 **1**
 8 **2**
 9
 10
 11
 12 **76-0**
 13

DATE AMENDED
 2
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTead OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

76

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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.