MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020226

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5547

FILED JUN 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 1 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MC DONOUGH USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. — Length of stay in 1b: 8 DAYS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP.#I — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY

c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): 2807 RUSSELL — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First KATHRYN Middle HELEN Last BUATTE

4. DATE OF DEATH: Month 5 Day 31 Year 62

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑

8. DATE OF BIRTH: 5-30-1896

9. AGE (last birthday): 66

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): LAUNDRY WORKER

10b. KIND OF BUSINESS OR INDUSTRY: BRIGHT + FREE CO.

11. BIRTHPLACE (City and state or country): ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: JAMES WELDON

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: D. B. BUATTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv[redacted]O.

17. INFORMANT: ULMONT BUATTE Address: 6115 AVILA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Pulmonary Emboli c̄ Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Bilateral Iliofemoral Thrombophlebitis

DUE TO (c): 463X

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. ☐ 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 5/23/62, to 5/31/62 and last saw her alive on 5/31/62

Death occurred at 9:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John McDonough M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 5/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 6-4-62

23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State): ST. LOUIS MO

24. FUNERAL DIRECTOR: HOWARD H. MICHEL ADDRESS: 5930 SOUTHWEST

25. DATE RECD. BY LOCAL REG.: JUN 2 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

MEDICAL CERTIFICATION

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. E. Morris

Licensed Embalmer No. 3360

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.