

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036451-

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8846**

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962

1. PLACE OF DEATH
 a. COUNTY **DE PAUL Hospital - St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis Mo.** Length of stay in 1b **1HR. 42 MIN**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DE PAUL Hospital, Mo.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **80 Le Havre Circle** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis** c. CITY OR TOWN **Florissant** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **80 Le Havre Circle** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **TERRENCE** Middle **ROBERT** Last **McDERMOTT** 4. DATE OF DEATH Month **9** Day **11** Year **62**

5. SEX **M** 6. COLOR OR RACE **Cau** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9-11-62** 9. AGE (last birthday) **7** IF UNDER 1 YEAR Months **7** Days **12** IF UNDER 24 HR Hours **42**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **ROBERT McDermott** 13b. MOTHER'S MAIDEN NAME **Anne Fee** 14. NAME OF HUSBAND OR WIFE **none**

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. **none** 17. INFORMANT **Robert McDermott, 80 Le Havre Circle, Florissant, Mo.** 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) **Turner's Syndrome**
 (b) **Congenital absence of kidneys**
 (c) **757.3**
 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 **1:30** Month, Day, Year **9-11-62** a.m. p.m.

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 **Florissant** COUNTY **St. Louis** STATE **Mo.**

21. I attended the deceased from **1:30 p.m.** to **1:45 p.m.** and last saw ^{her}him alive on **9-11-62**
 Death occurred at **1:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Raymond A. Bellney M.D.** (Doctor or title) 22b. ADDRESS **330 Northland Medical Bldg. (36)** 22c. DATE SIGNED **9-11-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-13-62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR **The Florissant Mortuary, Florissant, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **SEP 13 1962** 26. REGISTRAR'S SIGNATURE **Stan Smith M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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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 _____

Gene A. Hutchins

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, 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.