

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026044

6588 STATE FILE NUMBER

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

FILED JUN 28 1963	
1. PLACE OF DEATH	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis	a. STATE Mo b. COUNTY St. Louis
Length of stay in lb Life	c. CITY OR TOWN Olivette Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital	d. STREET ADDRESS (If outside, give location) 550 No. Price Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Elizabeth Middle Lea Last Karr	4. DATE OF DEATH Month June Day 23 Year 1963
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/3/1882
9. AGE (last birthday) 80	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) None	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Nicholas Karr	13b. MOTHER'S MAIDEN NAME Elizabeth Haines
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) No	17. INFORMANT Address Mrs Hazel K. Newman 550 No. Price Road
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Arteriosclerotic Coronary Atherosclerosis	
DUE TO (c) 4201	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1962 to 6-23-63 and last saw ^{her} him alive on 6-23-63 . Death occurred at 11:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Am Huggins, M.D.	22b. ADDRESS 634 N. Grand
22c. DATE SIGNED 6-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/24/63
23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) St. Louis Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd	25. DATE RECD. BY LOCAL REG. JUN 24 1963
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 **4033**
3
4 **1**
5 **0**
6
7 **0**
8 **1**
9
10
11
12 **74-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

74

1-120-221

Dr. A. Huggins

634 No. Grand Blvd.

Fr. 1-5754

5031

FILE

1-2011

1
0
0
1

0-49

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 Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar Blvd.
St. Louis 12, 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.

Approved: _____

Secretary _____

Registrar _____

Director _____

1-1-1911

1-1-1911