

FILED JAN 7 1958

STANDARD CERTIFICATE OF DEATH

465550

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3077

| | | | |
|---|------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS CO. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS CO. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON | | c. CITY OR TOWN KIRKWOOD 4713 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP. | | d. STREET ADDRESS 369 S. HARRISON AV. | |
| 3. NAME OF DECEASED (Type or print) First MAUDIE Middle CAREY Last CAREY | | 4. DATE OF DEATH Month 12 Day 3 Year 57 | |
| 5. SEX 3 FEMALE | 6. COLOR OR RACE COL. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAR 15 1911 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID | | 9b. AGE (In years last birthday) 46 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | |
| 11. BIRTHPLACE (City and state or country) WHITEPLAIN KY. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME UNKNOWN | | 14. MOTHER'S MAIDEN NAME UNKNOWN | |
| 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 VIOLA CAREY | | Address 369 S. HARRISON AV. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforated Gastric Ulcer DUE TO (c) 5401 | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Sub total Gastronomy & Gastrojejunostomy | | | 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 9:05 AM Month, Day, Year | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION 601 S. BRENTWOOD BL. | |
| 20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20h. COUNTY ST. LOUIS CO. | |
| 20i. STATE MO. | | 20j. CITY, TOWN, OR LOCATION | |
| 21. I attended the deceased from 11-22-57 to 12-3-57 and last saw her/him alive on 12-3-57 Death occurred at 9:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Richard H. King M.D. | | 22b. ADDRESS 601 S. BRENTWOOD BL. | |
| 22c. DATE SIGNED | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 12/7/57 | |
| 23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM. | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO. | |
| 24. FUNERAL DIRECTOR JOHN W. HEMPHILL | | 25. DATE RECD. BY LOCAL REG. 12-5-57 | |
| 24. FUNERAL DIRECTOR ADDRESS 408 S. FILLMORE | | 26. REGISTER'S SIGNATURE Herbert R. Dornick M.D. | |

KIRKWOOD 22. MO. (Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *James C. Bryant*

Licensed Embalmer No. *44*

P. O. Address *4080 St. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.