

THE DIVISION OF HEALTH OF MISSOURI  
PUBLIC CERTIFICATE OF DEATH

58-027398  
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7034

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis MO</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3526 Leclade W. 1890</u>		d. STREET ADDRESS (If outside, give location) <u>3526 Leclade</u>	
3. NAME OF DECEASED (Type or print) <u>Carine Rounds</u>		4. DATE OF DEATH Month <u>7</u> Day <u>13</u> Year <u>58</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>C.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pattan Ark</u>
13a. FATHER'S NAME <u>Curtis Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Wallace</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Willie Mae Johnson</u> Address <u>3526 Leclade</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>443x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>12 am 58</u> to <u>13 July 58</u> and last saw her <u>alive</u> on <u>12 July 58</u> Death occurred at <u>1:30</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. A. Muecher</u> (Degree or title)		22b. ADDRESS <u>M. A. Muecher, M. D.</u> <u>3524 Franklin Ave.</u>	
22c. DATE SIGNED <u>JUL 15 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7 21 58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Father Dixon</u>		23d. CITY, TOWN, OR COUNTY (State) <u>St. Louis 6 MO</u> <u>Webster Grove MO</u>	
24. FUNERAL DIRECTOR <u>Peaston Funeral Home</u> ADDRESS <u>3615 Cotton</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 16 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>mgs</u>			

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. mrs. Bell gave info.

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 *Edward P. Flynn* .....

Licensed Embalmer No. *4444* .....

P. O. Address *St. Louis* .....

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.