

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004109

FILED VS FEB 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 767 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tennessee</u> b. COUNTY <u>Hamilton</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		Length of stay in 1b		c. CITY OR TOWN <u>Chattanooga</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Fort Wood, Pl.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ann Marlllyn Merritt Stevenson</u>				4. DATE OF DEATH Month Day Year <u>January 19, 1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>10-10-1931</u>		
9. AGE (last birthday) <u>28</u>		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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Merritt</u>			13b. MOTHER'S MAIDEN NAME <u>Velma Harper</u>			14. NAME OF HUSBAND OR WIFE <u>James</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>nil</u>		17. INFORMANT <u>Mrs. George Merritt, Manor Road</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>1. Barbiturate poisoning; 2. Strangulation (Fractured neck; self ingested; apparently suffered during coma when deceased fell striking neck on open drawer of chest, in room 912, Mark Twain Hotel, exact time unknown, on or about Jan. 19, 1960)</u> DUE TO (b) <u>when deceased fell striking neck on open drawer of chest, in room 912, Mark Twain Hotel, exact time unknown, on or about Jan. 19, 1960</u> DUE TO (c) <u>unknown, on or about Jan. 19, 1960</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>OR ACCIDENTAL COULD NOT BE DETERMINED OPEN VERDICT</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>(See above) 970.2</u>				
20c. TIME OF INJURY Hour a.m. p.m. <u>? 1/19/60</u>								
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.) <u>hotel room</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>		COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>3:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Edith E. [Signature]</u>				22b. ADDRESS <u>1300 Clark Ave.</u>		22c. DATE SIGNED <u>1-22-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-22-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lebanon, Ohio</u>		
24. FUNERAL DIRECTOR <u>Albert Hoppe, Inc. 4700 Washington Blvd.</u>				25. DATE RECD. BY LOCAL REG. <u>1-22-1960</u>		26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u> <i>mde</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 27 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haines
Licensed Embalmer No. 4108

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.