URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

60-020813

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4565

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b: 10 hours

c. CITY OR TOWN Florissant — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 740 Northmoor — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Kinberly Middle: Ann Last: Cuidon

4. DATE OF DEATH Month: 4 Day: 28 Year: 60

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-2-60

9. AGE (last birthday)

IF UNDER 1 YEAR: Months 2½ 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: USA

13a. FATHER'S NAME: James A. Cuidon

13b. MOTHER'S MAIDEN NAME: Joan Bardon

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mary Ritter Address: 500 S Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chemical pneumonitis - Barium

DUE TO (c) Perforation of ileum & colon - multiple

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Intussusception - reduced by barium enema

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.)

5700K

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from 4-28-60, to 4-29-60 and last saw her/him alive on 4-29-60

Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frederick D. Peterson MD (Degree or title)

22b. ADDRESS: 500 S. Kingshighway

22c. DATE SIGNED: 4-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-2-1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: White-Mullen Ferguson, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: APR 29 1960

26. REGISTRAR'S SIGNATURE: Noel Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Reinhold K Lohman

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis 3

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