URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10631 STATE FILE NUMBER -60-040261

ENDED

1. PLACE OF DEATH
a. COUNTY

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

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

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

c. CITY OR TOWN Normandy — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) #5 Lucas Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HELEN Middle M. Last STAHL

4. DATE OF DEATH Month NOVEMBER Day 2, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-28-1876

9. AGE (last birthday) 84 — 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) At Home

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Alexandria Va

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James M Taliaferro

13b. MOTHER'S MAIDEN NAME Annie Coleman

14. NAME OF HUSBAND OR WIFE Arthur

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 Harvey Beffa Address 5 Lucas Lane

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 few days

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

DUE TO (b) Arteriosclerotic Heart Disease — years

DUE TO (c) 4200

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

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.)

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 10/28/60, to 11/2/60 and last saw her/him alive on 11/2/60

Death occurred at 1:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. O. Vermillion, M.D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 11/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11-3-60

23c. NAME OF CEMETERY OR CREMATORY National Cem

23d. LOCATION (City, town, or county) Jefferson Bks (State) Mo

24. FUNERAL DIRECTOR A. Kroce ADDRESS 2707 No Grand

25. DATE RECD. BY LOCAL REG. NOV 3 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

NOV 17 1960

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 Herbert O. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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