MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

-60-043538

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11713

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hos'p
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5791 Westminster
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: CAROLYNE Middle: A. Last: EBERT

4. DATE OF DEATH: Month 12 Day 5 Year 1960

5. SEX: Female
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/24/76
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): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Trenton Tenn.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Julius Ebert
13b. MOTHER'S MAIDEN NAME: Ida Kohn
14. NAME OF HUSBAND OR WIFE: *******

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.: —
17. INFORMANT: Catherine Abramson
Address: 25 Oak Park Creve Couer Mo.

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): Massive Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 45 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteria Sclerotic Heart Disease — 2 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)

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 1945 to 12/5/60 and last saw her alive on 12/5/60
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Morrison M. Potter (Degree or title) M.D.
22b. ADDRESS: 4409 W Pine
22c. DATE SIGNED: 12/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 12/7/60
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county) (State): 7600 St. Charles Rock Rd

24. FUNERAL DIRECTOR ADDRESS: Mayer 4356 Lindell Blvd., St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: DEC 6 1960
26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

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 Stanley H. Dixon

Signature of Student Embalmer

Licensed Embalmer No. 419

P. O. Address St. Lou

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.