

FILED VS JAN 25 1961

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **478**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Length of stay in 1b 19 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2646 Gravois Ave.	
3. NAME OF DECEASED (Type or print) First CATHERINE Middle DAVIS Last				4. DATE OF DEATH Month JANUARY Day 17 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-5-1875	
				9. AGE (last birthday) 85		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) High Ridge, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Custom Miller				13b. MOTHER'S MAIDEN NAME Margaret Nolan		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Chas. R. Davis Address 2646 Gravois Ave.	
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 24 HOURS
DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE AND HYPERTENSIVE CARDIOVASCULAR DISEASE							YEARS
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) DIVERTICULOSIS AND DIVERTICULITIS							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) 4201			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from DEC. 29, 1960 to JAN. 17, 1961 and last saw her alive on JAN. 17, 1961 Death occurred at 2:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. Vermillion (Degree or title) <i>C. Vermillion, M.D.</i>				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/17/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 1-17-61		23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Frohwitter-Killer, Inc.		ADDRESS High Ridge, Mo.		25. DATE RECD. BY LOCAL REG. JAN 17 1961		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

STATEMENT BY LICENSED EMBALMER

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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

No Embalming

Signed Neville B Frohman

Licensed Embalmer No. 3696

P. O. Address High Ridge

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.