SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED APR 7 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2887

STATE FILE NUMBER 61-010662

AMENDED

DATE AMENDED 9/2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST.LOUIS CITY HOSP. #1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2180 E Linton
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALICE Middle: Last: DEE
4. DATE OF DEATH Month Day Year: MARCH 25, 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/16/08
9. AGE (last birthday): 52
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: at home
11. BIRTHPLACE (City and state or country): St.Louis Co.,Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Meyer
13b. MOTHER'S MAIDEN NAME: Anna Ebert
14. NAME OF HUSBAND OR WIFE: Stanley Dee
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: Stanley Dee, 2180 E Linton Address

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): Cerebrovascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c): 331X
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): Diabetes mellitus; Peripheral vascular collapse

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 3/13/61 to 3/25/61 and last saw her/him alive on 3/25/61
Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David H. McKenna, M.D.
22b. ADDRESS: 1515 LAFAYETTE AVE
22c. DATE SIGNED: 3/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/28/61
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: DIEDRICH FUNERAL HOME,8319 Hallsferry
25. DATE RECD. BY LOCAL REG.: MAR 27 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

STATEMENT BY LICENSED EMBALMER

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

Signed Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis M

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.