SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4661 STATE FILE NUMBER 61-018782

FILED JUN 2 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

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

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

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

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

d. STREET ADDRESS (If outside, give location) 7178 Manchester — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First KATHRYN Middle Last ALTON

4. DATE OF DEATH Month May Day 16 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-16-1883

9. AGE (last birthday) 77

IF UNDER 1 YEAR Months 7 Days 30 — 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) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Michael Whalen

13b. MOTHER'S MAIDEN NAME Catherine Laydon

14. NAME OF HUSBAND OR WIFE Rodger Alton

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

17. INFORMANT Address William Kohler 35 Gocke Pl.

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) Carcinoma of breast

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

DUE TO (c) 170 X

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

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 5/6/61, to 5/16/61 and last saw her/him alive on 5/16/61

Death occurred at 10 00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Meiners M.D.

22b. ADDRESS 6167 Washington

22c. DATE SIGNED 5/17/61

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

23b. DATE May 19, 1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR A. H. Bocklage ADDRESS 6536 Clayton Rd.

25. DATE RECD. BY LOCAL REG. MAY 17 1961

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

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

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.