

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019703
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1347

AMENDED

FILED MAY 25 1961

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond HTS</u> <u>St. Louis Co., Mo.</u>		Length of stay in lb <u>DAVS</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5004 Vernon Avenue</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Catherine (Kathryn) Carter</u>			4. DATE OF DEATH Month Day Year <u>5 10 61</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-7-1925</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>0 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Sam Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Gracie Edward</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT <u>Gracie Wright Carruthersville, Missouri</u>		

2.

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>adhesions + gangrene of bowel 14 d</u>	
	DUE TO (c) <u>570.2</u>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	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 <u>4/18/61</u> to <u>5/10/61</u> and last saw her alive on <u>5/10/61</u> Death occurred at <u>St. Mary's Hosp</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Francis Burns M.D.</u>		22b. ADDRESS <u>4660 Maryland Ave - 8</u>	22c. DATE SIGNED <u>5/12/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-14-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Blytheville, Arkansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ellis Funeral Home 2820 Stoddard St.</u>		25. DATE RECD. BY LOCAL REG. <u>5-13-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

BY AFFIDAVIT OF

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 Gulton E. Bell

Licensed Embalmer No. 4198
P. O. Address St Louis

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.