

Registration District No. **318** Primary Registration District **1003** Registrar's No. **6333**

FILED JUL 25 1961

1. **PLACE OF DEATH**
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri Pacific Hosp. D.O.H.** Inside Limits No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY OR TOWN **University City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **8656 Delmar** Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First **Mita** Middle **Lee** Last **Traylor** 4. **DATE OF DEATH** Month **July** Day **7** Year **1961**

5. **SEX** **Female** 6. **COLOR OR RACE** **White** 7. **Married** **Never Married**
Widowed **Divorced**

8. **DATE OF BIRTH** **9-1-1899** 9. **AGE (last birthday)** **61** 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) **Independence, Texas** 12. **CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. **FATHER'S NAME** **T.G. Hill** 13b. **MOTHER'S MAIDEN NAME** **Mary McCrocklin** 14. **NAME OF HUSBAND OR WIFE** **John R. Traylor**

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** 16. **SOCIAL SECURITY NO.** **NONE** 17. **INFORMANT** **J. R. Traylor, 8656 Delmar, U City, Mo.** Address _____

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) **Phenobarbital Poisoning (second)**
 DUE TO (b) **self ingested in home on 7/7/61 while suffering temporary mental aberration.**
 DUE TO (c) **suicide**
 PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** (Do not repeat the terminal disease condition given in PART I (a)) **970.2**
 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.) **See above**

20c. **TIME OF INJURY** Hour _____ a.m. _____ p.m. _____ Month, Day, Year **7-7-61**

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.) **Home** 20f. **CITY, TOWN, OR LOCATION** **University, St. Louis Co., Mo** COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) **Joseph M. Zimm, Deputy Coroner** 22b. **ADDRESS** **1300 Clark** 22c. **DATE SIGNED** **7-8-61**

23a. **BURIAL, CREMATION, REMOVAL (Specify)** **Removal** 23b. **DATE** **7-9-1961** 23c. **NAME OF CEMETERY OR CREMATORY** **Local-Houston, Texas** 23d. **LOCATION (City, town, or county)** **Houston, Texas** (State) _____

24. **FUNERAL DIRECTOR** **C. R. Lupton & Sons, St. Louis, Missouri** ADDRESS _____ 25. **DATE RECD. BY LOCAL REG.** **JUL 8 1961** 26. **REGISTRAR'S SIGNATURE** **Loal Smith, M.D.**

DATE AMENDED _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 ITEM NO. _____
 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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.