MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030610
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7434

FILED AUG 18 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
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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 Saint Louis — Length of stay in 1b 10 yrs.

c. CITY OR TOWN Saint Louis — Inside Limits Yes ☐ No ☐

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

d. STREET ADDRESS (If outside, give location) 5906 Plymouth — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LOUISE Middle Last CAREY

4. DATE OF DEATH Month Day Year August 8, 1961

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/22/08

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 —

11. BIRTHPLACE (City and state or country) Tchula, Mississippi

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

13a. FATHER'S NAME Willie Berrymon

13b. MOTHER'S MAIDEN NAME Mattie Mae Booker

14. NAME OF HUSBAND OR WIFE Harrison Carey

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 Address Harrison Carey, 5906 Plymouth

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) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH -2 Das.

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

DUE TO (b) CARCINOMA OF OVARY — -6 Mos.

DUE TO (c) 175.0

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 6-19-61, to 8-8-61 and last saw her alive on 8-8-61.
Death occurred at 5:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. E. Hale M.D.

22b. ADDRESS 822 (A) N. Jefferson

22c. DATE SIGNED 8/8/61

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

23b. DATE 8/11/61

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Charles J. Gates, 4107 Finney

25. DATE RECD. BY LOCAL REG. AUG 10 1961

26. REGISTRAR'S SIGNATURE Carl 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 Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.