

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035209

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2292

AMENDED

FILED SEP 19 1961

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay, Mo.,		c. CITY OR TOWN St. Louis,	
Length of stay in 1b DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Ridge Nursing Home		d. STREET ADDRESS (If outside, give location) 627 Clara Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANNA Middle J. Last CARR			4. DATE OF DEATH Month Aug. Day 18th, Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-5-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker-Retd		10b. KIND OF BUSINESS OR INDUSTRY Bd. of Children's Gdns.		11. BIRTHPLACE (City and state or country) Mobile, Ala.	
13a. FATHER'S NAME Richard Fincher		13b. MOTHER'S MAIDEN NAME Lena Unknown		14. NAME OF HUSBAND OR WIFE XXXXXXXXXX Wm. J. Carr	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	17. INFORMANT Wm. J. Carr-1312 Gustav, Apt #2, Houston, Tex.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Arteriosclerotic heart disease with auricular fibrillation		?
DUE TO (c) Arteriosclerotic hypertension		?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had a CVA with right sided hemiplegia on 4/19/61. 4201		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
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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. Month, Day, Year	St. Louis Missouri	

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 St. Louis Missouri
21. I attended the deceased from 7/24/61 to 8/17/61 and last saw her/him alive on 8/17/61 Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Max Starbuck M.D.</i>	22b. ADDRESS 512 Olive Place	22c. DATE SIGNED 8/24/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 25, 1961	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park	23d. LOCATION (City, town, or county) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway Blvd.	25. DATE RECD. BY LOCAL REG. 8-25-61	26. REGISTRAR'S SIGNATURE <i>J. C. ...</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 A. Shannon

Licensed Embalmer No. 4533

P. O. Address _____

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.