

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-042158

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11048**

STATE FILE NUMBER

AMENDED

FILED DEC 12 1961

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 St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 2828 No. 21st, St.	

3. NAME OF DECEASED (Type or print) First Teresa Middle Ann Last Alred	4. DATE OF DEATH Nov. 26th, 1961 Month Day Year
--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/22/1955	9. AGE (last birthday) 6	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
----------------------	-------------------------------	---	-----------------------------------	---------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	-----------------------------------	---	---

13a. FATHER'S NAME Jessie Alred	13b. MOTHER'S MAIDEN NAME Christian Yeager	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Christine Woolley 2828 No. 21st Street Address
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Decompressed fractured skull, left parietal bone, with displacement and hemorrhage into the brain, immediately underneath the fracture; suffered when struck by car in road of about 2900 No. 21st St., about 1:22 A.M. on Nov 26th 1961 DUE TO (b) accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) See above
---	--	--

20c. TIME OF INJURY 1:22 a.m. 11-26-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20th Street	20f. CITY, TOWN, OR LOCATION St. Louis, Mo COUNTY STATE
--	---	---	---

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **1:28 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Zuma (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11-28-61
--	--------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 29/1961	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	23d. LOCATION (City, town, or county) (State) St. Louis Missouri. (County)
--	-------------------------------	---	---

24. FUNERAL DIRECTOR Laidner Undertaking Co., 2223 St. Louis ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 28 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

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 _____

Albert Marshall

Licensed Embalmer No. _____

3077

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.