MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-013098
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3270

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAR 28 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 113 Frisco
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: May Middle: Last: Carr

4. DATE OF DEATH Month: March Day: 19 Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-1-1890
9. AGE (last birthday): 72
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: Self
11. BIRTHPLACE (City and state or country): Richland, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Pleasant Harris
13b. MOTHER'S MAIDEN NAME: Lydia Moss
14. NAME OF HUSBAND OR WIFE: Elbert Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of
16. SOCIAL SECURITY NO.: 5
17. INFORMANT: Marshall Carr Address: 639 Conover Lane

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Perforated Ulcer of Duodenum — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 541.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis

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 3/17/63 to 3/19/63 and last saw her alive on 3/19/63
Death occurred at 7½ pm 3/19/63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. Blalock MD
22b. ADDRESS: 114 N. Taylor Ave
22c. DATE SIGNED: 3/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-22-1963
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood, Missouri

24. FUNERAL DIRECTOR: MITTELBERG - GENERAL COLONIAL CHAPEL
25. DATE RECD. BY LOCAL REG.: MAR 20 1963
26. REGISTRAR'S SIGNATURE: Floyd Smith, M.D.

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF DOCUMENT

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 Stanley H. Dixon

Licensed Embalmer No. 4193

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.