

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017527

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4531

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 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 _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge 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 Lemay Inside Limits Yes No
d. STREET ADDRESS 142 East Cartwright Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Louise Culp
4. DATE OF DEATH Month Day Year 4/24/63

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH Oct. 12, 1914 9. AGE (last birthday) 48 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) St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Adolph Hinderholtz 13b. MOTHER'S MAIDEN NAME Reginia Bolliker 14. NAME OF HUSBAND OR WIFE Jasper Culp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Jasper Culp 142 E Cartwright

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma Breast INTERVAL BETWEEN ONSET AND DEATH 3 months
DUPLICATE TO (b) To Entire Abdominal Cavity
DUPLICATE TO (c) 170x
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 Month, Day, Year a.m. p.m. _____

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 Feb 5, 1963 to April 24, 1963 last saw her alive on April 24, 1963
Death occurred at 11:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter H. Austin MD 22b. ADDRESS 634 N Grand Blvd 22c. DATE SIGNED 4-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 4/27/63 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 23d. LOCATION (City, town, or county) (State) Lemay, Mo

24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd. 25. RECEIVED BY LOCAL REG. APR 25 1963 26. REGISTRAR'S SIGNATURE Lois Smith, M.D.

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DATE AMENDED
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SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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