

STANDARD CERTIFICATE OF DEATH

State File No.

4454

1937

Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3038a Whittier Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME MAY O. HIGHLEY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward F. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 8, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 20 hr. min.

9. Birthplace Dent County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife

11. Industry or business at home

MOTHER FATHER { 12. Name Quimm Hake
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Carver
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Highley (son)
(b) Address 3038a Whittier Avenue

17. (a) Burial (b) Date thereof Mar. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington, Missouri

18. (a) Signature of funeral director [Signature]
(b) Address 2301 Lafayette Avenue

19. (a) MAR 2 1942 [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3038a Whittier Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1942 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 27 to Feb 28, 1942
that I last saw her alive on Feb 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
myocardial infarction 2 hrs
Chl. Intermittent Dysrhythmia 1 hr
Due to Subacute Bacterial Endocarditis 1 yr
Due to Streptococci Blood stream infecting 1 yr
Other conditions Fibrosis Uteri 7-5 yr
(Include pregnancy within 3 months of death)
Prob. Malignant.

Major findings: Of operations _____
Of autopsy [Signature] PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address 4957 Maryland Date signed 2/2/42

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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 this body is not embalmed, fact should be so stated above.