

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9817

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 2410

13

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Sanitarium		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 5719 Southwest	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) F. c. (Last) Bloss			4. DATE OF DEATH (Month) (Day) (Year) 3/14/49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Mar. 19, 1883		9. AGE (in years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY --	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (State or foreign country) Bloomington, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Michael Johnston		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Adelbert	
--	--	--------------------------------------	--	---	--

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'S SIGNATURE OR NAME Walter Bloss--3639 S. Compton	
--	--	-------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Galvanic Convulsion, Paralytic Ileus, Fr. of left femur,</i> ANTECEDENT CAUSES: <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>when she was pushed out of the way by another patient at State Hosp. on Feb 8 1949 in the salarium on Ward C 5400</i> DUE TO (c) <i>Arseual St</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
---	--	---	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Fr. of left femur</i> Accident			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (In home, farm, factory, street, office bldg., etc.) State Hosp		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo Mo	
--	--	---	--	---	--

21d. TIME OF INJURY Feb 8 49 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
------------------------------------	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Catrick L Taylor Coroner</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-16-49	
---	--	----------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. MAR 16 1949		REGISTRAR'S SIGNATURE <i>Jr B Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Heldrich & Co.</i>	
				ADDRESS 3634 Gravois	

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.

Signed Robert Wheeler.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2178.....

P. O. Address Atlanta, Ga.....

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.