

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17486

FILED MAY 27 1949

State File No. 4476

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4476
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4011 DeTonty St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4011 DeTonty St.		e. (Last) 17		
3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Mackey		4. DATE OF DEATH (Month) (Day) (Year) May 19, 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH May 6, 1878	9. AGE (In years) (If under 1 year) (If under 1 hrs.) 71 Months 0 Days 13 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. ()
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Joseph Badaracco		
13b. MOTHER'S MAIDEN NAME Felicia Barchi		14. NAME OF HUSBAND OR WIFE Edward J. Mackey		
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 ADDRESS Miss Ruth Mackey, 4011 DeTonty St.
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* (a) CARCINOMA OF BREAST WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 YRS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) 50 (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X		
22. I hereby certify that I attended the deceased from DEC 17, 1948 , to MAY 19, 1949 , that I last saw the deceased alive on MAY 18, 1949 , and that death occurred at 2:40 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Robert E. ...		23b. ADDRESS (Degree or title) M.D. U 818 OLIVE ST.		23c. DATE SIGNED 20 MAY 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. MAY 20 1949	REGISTRAR'S SIGNATURE J. B. Hasler	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 40 Lindell Blvd.		

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... W H Van Matre.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2825.....

P. O. Address 4340 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.