

No. 300
10-48

002

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15213

State File No.

FILED MAY 11 1950

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1148</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NEW JERSEY</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>NEWARK</u>		8290	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>1210 CROSSE ST. 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) c. (Last) <u>TOWNSLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1950</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>11-18-41</u>	
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ALEXANDER TOWNSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET HUTCHISON</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALEXANDER TOWNSLEY</u>		ADDRESS <u>KIRKWOOD 770</u>	
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) <u>Cerebral Contusion & Laceration</u> <u>C. Detached Meningeal</u> <u>Traumatic Shock</u> DUE TO (b) <u>Laceration of Lt. foot</u> DUE TO (c) <u>Fracture of Rt. femur</u> <u>Fracture of clavicle</u>				INTERVAL BETWEEN ONSET AND DEATH <u>60 hrs.</u> <u>60 hrs.</u> <u>60 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400 P</u> <u>8:00 AM</u>				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.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Valley Park - near St. Louis MO.</u>		21f. HOW DID INJURY OCCUR? <u>Struck by automobile</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 28 1950 1:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>April 28, 1950</u> , to <u>April 30, 1950</u> , that I last saw the deceased alive on <u>April 30, 1950</u> , and that death occurred at <u>9:27 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Russell P. Heider MD</u> (Degree or title)			23b. ADDRESS <u>601 S Brentwood Clayton 5, MO</u>			23c. DATE SIGNED <u>5-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ELIZABETH NEW JERSEY</u>	
DATE REC'D BY LOCAL REG. <u>MAY 4 1950</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McColler's Funeral Home</u> ADDRESS <u>10123 St. Char. Rd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

R. J.

APR 12 5 45 PM '63

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
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles Ave.

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.