

FILED AUG 11 1950

## STANDARD CERTIFICATE OF DEATH

24624

State File No. ....

6500

|   |  |   |   |   |   |   |  |   |  |  |  |   |  |
|---|--|---|---|---|---|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>6500</b>   |  |   |  |  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |   |   |  |   |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Richmond Heights</b>   |  | c. LENGTH OF STAY (in this place) <b>15 yrs</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Richmond Heights, Mo.</b>                            |   |   |  |   |  |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hspital</b>   |  |   |   | d. STREET ADDRESS (If rural, give location) <b>1206 Bellevue Avenue</b>   |   |   |  |   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>MAYME</b>   |  |   | b. (Middle) <b>S.</b>                                   |   | c. (Last) <b>CADY</b>   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>7 28 50</b> |   |  |  |  |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>  |   | 8. DATE OF BIRTH <b>12-31-90</b>  |  | 9. AGE (In years last birthday) <b>59</b><br>if under 1 year: Months <b>6</b> Days <b>28</b> Hours <b></b> Min. <b></b> |  |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>Traffic Clerk</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Med Depot</b> |   | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>                 |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                 |   |  |  |  |   |  |
| 13a. FATHER'S NAME <b>Stephen Cady</b>  |  |   | 13b. MOTHER'S MAIDEN NAME <b>Mary Rooney</b>            |   |   | 14. NAME OF HUSBAND OR WIFE _____   |  |   |  |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b><br>(If yes, give war or dates of service)   |  |   | 16. SOCIAL SECURITY NO. _____                           |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Gertrude Cady 1206 Bellevue</b> |   |  |   |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio sclerotic heart dis.</b><br><b>antecedent causes</b><br><b>c acute coronary art. occlusion</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b>  |  |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>   |  | 19a. DATE OF OPERATION <b>None</b>  |   |   |   |   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |   | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____                  |  |   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>420.1</b> |  |
| 22. I hereby certify that I attended the deceased from <b>July 25</b> , 19 <b>50</b> , to <b>July 28</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>July 28</b> , 19 <b>50</b> , and that death occurred at <b>5 p. m.</b> , from the causes and on the date stated above. |  |   |   |   |   |   |  |   |  |  |  |   |  |
| 23a. SIGNATURE <b>John J. Hammond M.D.</b><br>(Degree or title)   |  |   |   | 23b. ADDRESS <b>634 N. Grand</b>  |   |   |  | 23c. DATE SIGNED <b>7/29/50</b>   |  |  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>8-1-50</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>         |  |   |  |  |  |   |  |
| DATE REC'D BY LOCAL REG. <b>JUL 30 1950</b>   |  | REGISTRAR'S SIGNATURE <b>J.B. Laster</b>  |   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Ch. Boileau 6536 Clayton</b> |  |   |  |  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis Mo*

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.