

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10469

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5658 Pershing Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De PAUL HOSPITAL</u>		12 <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MADELINE</u>	b. (Middle) <u>G.</u>	c. (Last) <u>TOWNLEY.</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>DEC. 7 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>March 15, 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
----------------------	-------------------------------	--	--	---	-------------------------	-----------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sect. Purchasing Dept; Shapleigh</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Frank Townley.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Barnwell.</u>	14. NAME OF HUSBAND OR WIFE <u>- - -</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-03-3936</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Noreen A. Crickman; Indianapolis.</u>	ADDRESS
---	---	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. MYOCARDITIS</u>			<u>2 yrs</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>MANY YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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? <u>472.1</u>
---	--	---

22. I hereby certify that I attended the deceased from DEC. 4, 1950, to DEC. 7, 1950, that I last saw the deceased alive on DEC. 7, 1950, and that death occurred at 6 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Cummings M.D.</u>	(Degree or title) <u>U.</u>	23b. ADDRESS <u>424 N. Euclid St.</u>	23c. DATE SIGNED <u>12/8/50</u>
--	-----------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Dec. 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>DEC 8 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons</u>	ADDRESS <u>7233 Delmar Blvd.</u>
--	---	--	----------------------------------

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

Temp. to Vack. Lem.

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

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.