

STANDARD CERTIFICATE OF DEATH

State File No. **28210**
 Registrar's No. **7499**

FILED SEP 1 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY 0			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 township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION De. Paul Hosp.			e. STREET ADDRESS (If rural, give location) 5575 Terry 0		
3. NAME OF DECEASED (Type or Print) a. (First) Kathryn		b. (Middle) Kate		c. (Last) English	
4. DATE OF DEATH (Month) (Day) (Year) 8 21 1951		5. SEX F / W		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH 8-131-18801		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greenfield / Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Mc Carthy.		13b. MOTHER'S MAIDEN NAME Bridget Dorsey	
14. NAME OF HUSBAND OR WIFE William English		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Wm. English 5575 Terry		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH ?	
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) (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? 42nd	
22. I hereby certify that I attended the deceased from 8-4 , 19 51 , to 8-21 , 19 51 , that I last saw the deceased alive on 8-21 , 19 51 , and that death occurred at 7:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. Hayden md.			23b. ADDRESS 730 Harrison		23c. DATE SIGNED 8-23-51
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-24-51		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		DATE REC'D BY LOCAL REG. AUG 23 1951		REGISTRAR'S SIGNATURE J. Earl Smith M D	
25. FUNERAL DIRECTOR'S SIGNATURE Sullivans Fun Dir 2849 Euclid		ADDRESS			

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

Signed *Custar W. Dittels*
Student Embalmer No.
Licensed Embalmer No. *4329*

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.