

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34252

State File No.

Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 180 174 PRIMARY REG. DIST. NO. 4290

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>St. Foley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>4008</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Foley, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>5621 Apricot Ave. Jennings MO</u>	

3. NAME OF DECEASED (Type or Print) <u>Ida May Begley</u>	a. (First) <u>Ida</u>	b. (Middle) <u>May</u>	c. (Last) <u>Begley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 5, 1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Corey</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Womac</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Begley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Begley</u>	ADDRESS <u>5621 Apricot Jennings</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis.</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to Oct. 14th, 1951, that I last saw the deceased alive on Oct. 14th, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank J. Samco, M.D.</u>	(Degree or title)	23b. ADDRESS <u>1319 So. Bdway.</u>	23c. DATE SIGNED <u>10-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 15-1951</u>	REGISTRAR'S SIGNATURE <u>Emma R. Liddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SUEDMEYER & SON'S</u>	ADDRESS <u>3934 N. 20 Street</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0570
3

1319 So. Bdway.

RECEIVED

OCT 22 1951

DISTRICT HEALTH OFFICE No. 4

File No.

NOV 17 1951

JUN 1 1961

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 _____

Eustace W. Dittler

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.