

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43046

State File No. 11675
Registrar's No. 11675

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>Mo.</u> b. COUNTY <u>2019</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>5832^{1/2} Minerva Av.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5832^{1/2} Minerva Av.</u>			d. STREET ADDRESS (If rural, give location) <u>5832^{1/2} Minerva Av.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margarett Mary</u> b. (Middle) _____ c. (Last) <u>Illi</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 1951</u>		
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>Dec. 15 1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____
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 _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Michel Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie O'Calaghan</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick T. Illi</u>	
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>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frederick T. Illi 5832^{1/2} Minerva Av.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Sclerosis.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*ANTECEDENT CAUSES DUE TO (b) <u>Pernicious Anemia</u>				1 year	
DUE TO (c) <u>Acute Cardio Vascular Disease</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input 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. HOW DID INJURY OCCUR? <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>June 20, 1951</u> , to <u>Dec 22, 1951</u> , that I last saw the deceased alive on <u>Dec 28, 1951</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm E Rubens MD</u>			23b. ADDRESS <u>4114 Easton Ave</u>		23c. DATE SIGNED <u>12/31/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Witt Bros. & N. Co 2929 S. Jefferson A.</u>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Witt.....

Licensed Embalmer No. 4353.....

P. O. Address 2929 S. Jefferson.....

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.