

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10243**
Registrar's No. **2325**

FILED MAR 29 1952

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 S Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		d. STREET ADDRESS (If rural, give location) 5600 Arsenal Street.	
3. NAME OF DECEASED (Type or Print) Mary		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1952.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 17, 1869.
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ml	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.
13a. FATHER'S NAME John Leary		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmiry Records, 5800 Arsenal St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUCE TO (b) Generalized Arteriosclerosis years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUCE TO (c)	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:25 p.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from July 1, 1951 , to March 11, 1952 , that I last saw the deceased alive on March 11, 1952 , and that death occurred at 11:15 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Leary Esker, M.D.		23c. DATE SIGNED 3/11/52.	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24b. DATE March-13-52		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 12 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schuch 3/25 Lafayette	

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 *John B. Allmer*.....
Licensed Embalmer No. *41014*.....

P. O. Address *3125 Lafayette*.....

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.