

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 3- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7965

1. PLACE OF DEATH  
 a. COUNTY 0  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri  
 c. LENGTH OF STAY (in this place) (township) 57 DAYS  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MO  
 b. COUNTY 2199  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS  
 d. STREET ADDRESS (If rural, give location) 19 4405 WEST PINE

3. NAME OF DECEASED  
 a. (First) MARY b. (Middle) E. c. (Last) TOPPING  
 4. DATE OF DEATH (Month) (Day) (Year) AUGUST 21, 1952

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW ? 8. DATE OF BIRTH JULY 9-1869 9. AGE (In years last birthday) 83  UNDER 1 YEAR Months  UNDER 12 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO U 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JOSEPH QUIGLEY 13b. MOTHER'S MAIDEN NAME SUSAN GODLOVE 14. NAME OF HUSBAND OR WIFE. SAMUEL TOPPING

15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Weber ADDRESS 4405 W. Pine

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) Cerebral Vascula Accident  
 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. Heart Stroke

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 331XF

22. I hereby certify that I attended the deceased from 6-25-52, 1952, to 8-21-52, 1952, that I last saw the deceased alive on 8-21-52, 1952, and that death occurred at 12:35P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward P. Keane, M.D. 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE AUG 23-52 24c. NAME OF CEMETERY OR CREMATORY CALVARY 24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. AUG 22 1952 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE W. L. Kelly ADDRESS 4386 Lindell

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 M. W. Rector

Licensed Embalmer No. 4865

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.