

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. ....

4268

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>0084</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u> <u>8120</u> days			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3004 Forest Drive</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Creswell</u>		c. (Last) <u>Creswell</u>	
4. DATE OF DEATH (Month) (Day) (Year)		Jan. 10, 1953		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct. 6, 1872</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>4</u> Min.	
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>At-Home</u>		11. BIRTHPLACE (State or foreign country) <u>New Albany, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Hugh McHugh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hanley</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Daughter - Mrs. Helen Horne</u>		18. ADDRESS <u>3004 Forest Drive, East St. Louis, Ill.</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH Years		Antecedent Causes DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>		Months		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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9 - 24, 1952, to 1 - 10 - 1953</u> , that I last saw the deceased alive on <u>1-10</u> , 1953, and that death occurred at <u>10:55P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph A. Continio, M.D.</u>		23b. ADDRESS <u>2407 N. Bldg., S. Louis 6, Mo.</u>		23c. DATE SIGNED <u>1/11/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 13, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Burke</u> ADDRESS <u>East St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>1-11-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dwyer, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Burke</u> ADDRESS <u>East St. Louis</u>		(Licensed Embalmer's Statement on Reverse Side)	

(Licensed Embalmer's Statement on Reverse Side)

T-11.

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.....

*Chas. Burke*

Licensed Embalmer No. 2421

P. O. Address East St. Louis, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.