

No. 300
10.48

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
3370

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>4122 Haven St</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Irene</u> | a. (First) | b. (Middle) | c. (Last) <u>Blackmore</u> | 4. DATE OF DEATH <u>3-28-1953</u> | (Month) (Day) (Year) |
| 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>5-5-1897</u> | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>Walter Westfall</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Shullenburger</u> | 14. NAME OF HUSBAND OR WIFE |
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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>487-36-7029</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louis Thomas</u> | ADDRESS <u>838 Warwick Lane</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic thrombotic coronary artery</u> | | <u>12-1 year</u> |
| | DUE TO (c) <u>Generalized Arteriosclerosis</u> | | <u>undetermined</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Pneumonitis</u> | | | <u>5 days</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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) |
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| 21d. TIME OF INJURY | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4201</u> |
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22. I hereby certify that I attended the deceased from 3-23, 1953, to 3-28, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 10:05 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John R. O'Neil M.D.</u> | (Degree or title) | 23b. ADDRESS <u>634 N. Grand Blvd</u> | 23c. DATE SIGNED <u>3/29/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>34-1-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Maryville Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>MAR 30 1953</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Biegenderlin</u> | ADDRESS <u>6409 Gravois Ave</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....*Law M. Siqueros*

Licensed Embalmer No...*434*

P. O. Address...*St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.