

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12682

State File No. \_\_\_\_\_

No. 300  
10.48

FILED MAR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 772

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MAPLEWOOD</u>	c. LENGTH OF STAY (In this place) <u>5 YR</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>MAPLEWOOD</u> <u>4544</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7394 MAPLE AVE</u>		d. STREET ADDRESS (If rural, give location) <u>7394 MAPLE AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u>	b. (Middle)	c. (Last) <u>TOWNSEND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-53</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN-18-1860</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 100 Hrs. Hours <u>18</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STEELVILLE ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JOHN-LICKISS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH-MALONE</u>	14. NAME OF HUSBAND OR WIFE <u>H.J. TOWNSEND</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.J. BELL-7160 WISE AVE</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 19, 1952 to March 8, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph E. Conroy MD</u>	23b. ADDRESS <u>906 Olive</u>	23c. DATE SIGNED <u>3-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELVILLE-CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STEELVILLE - ILL.</u>
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DATE REC'D BY LOCAL REG. <u>3-9-53</u>	REGISTRAR'S SIGNATURE <u>Hubert Redonke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH-7456 MANCHESTER</u>	ADDRESS <u>MAPLEWOOD</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*H. P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.