

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15952**  
Registrar's No. **4131**

FILED MAY 14 1953

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 <b>Pennsylvania</b> b. COUNTY <b>8370</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Johnsonberg</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Johnsonberg Pennsylvania</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>COLETTE</b>		b. (Middle)		c. (Last) <b>MCALLISTER</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 20, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 31 1935</b>		9. AGE (In years last birthday) <b>18</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Johnsonberg Pennsylvania</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>		13a. FATHER'S NAME <b>Harry F Mann</b>		13b. MOTHER'S MAIDEN NAME <b>Maura Garrity</b>			
14. NAME OF HUSBAND OR WIFE <b>Richard</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Richard McAllister</b>		ADDRESS <b>Johnsonberg Penn</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Stomulated small intestines with</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>generalized peritonitis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5705</b>			
22. I hereby certify that I attended the deceased from <b>4-6-53</b> , 19___, to <b>4-20-53</b> , 19___, that I last saw the deceased alive on <b>4-20-53</b> , 19___, and that death occurred at <b>11:15P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. Vernon Bailey MD.</b>		(Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>			
23c. DATE SIGNED <b>4-21-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/21/53</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Johnsonberg</b>		24d. LOCATION (City, town, or county) (State) <b>Pennsylvania</b>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 21 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>			
		ADDRESS <b>1926 Allen Av</b>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 3 1953

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 *Paul A. Shawman*

Licensed Embalmer No. *4533*

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.