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FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31198**
Registrar's No. **7788**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 31198		Registrar's No. 7788	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to St Anthony Hosp.				STREET ADDRESS (If rural, give location) 16 3150a So. Grand Ave. 21690					
3. NAME OF DECEASED (Type or Print)		a. (First) IVAN		b. (Middle) LEON		c. (Last) MACKEY		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 5, 1896		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Firemen		10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery		11. BIRTHPLACE (City and State or Foreign Country) Calcedonia, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William L. Mackey			13b. MOTHER'S MAIDEN NAME Minnie Province			14. NAME OF HUSBAND OR WIFE Sally Mackey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sally Mackey-3150a S. Grand Ave. ADDRESS _____					
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) Coronary Thrombosis 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. Arteritis, High m. Tumor					INTERVAL BETWEEN ONSET AND DEATH 15 minutes
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.1			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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Feb 10, 1955 to Sept. 2, 1955 , that I last saw the deceased alive on Aug 1, 1955 , and that death occurred at 9 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph A. Mueller M.D.				23b. ADDRESS 3177 So. Grand				23c. DATE SIGNED 9-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Laurel Hills Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. SEP 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl.				

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.....
Signature of Student Embalmer

Signed *Richard W. Storvick*

Licensed Embalmer No. *409*

P. O. Address

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.