

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35445

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2416

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (in this place) <u>65-yrs</u>	c. CITY OR TOWN <u>Maplewood</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7420 Flora Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>7420 Flora Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ada</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Townsend</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1955</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Aug. 15, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS Hours <u> </u> Min. <u> </u>
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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 (City and State or Foreign Country) <u>House Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Francis E. Guibor</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Ellen Jones</u>	14. NAME OF HUSBAND OR WIFE <u>George A. Townsend</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George Townsend, 7420 Flora 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis coronal 29.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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, etc.) <u>490X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 264, 1946, to Oct, 1955, that I last saw the deceased alive on 10/19, 1955, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Michalske M.D.</u>	(Degree or title)	23b. ADDRESS <u>2816 Section</u>	23c. DATE SIGNED <u>10/20/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Philomena Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>House Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-20-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u>	ADDRESS <u>3810 Lindell Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10/20/22
2-4-22
me

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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. J. Seligman.....

Licensed Embalmer No. 469
P. O. Address 384 1/2.....

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.