

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 22 1955

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2961

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| 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) <u>Overland</u> | | c. LENGTH OF STAY (in this place) <u>25 yrs</u> | c. CITY OR TOWN <u>Overland</u> <u>4 26 8</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8916 Tudor</u> | | STREET ADDRESS (If rural, give location) <u>8916 Tudor</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Nettie</u> | | a. (First) _____ b. (Middle) _____ c. (Last) <u>Mahon</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1955</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 26, 1884</u> |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ |
| 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>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Henry Boettler</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Ida Gillette</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jerome Mahon</u> | |
| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jerome Mahon</u> |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Cholecystitis</u> DUE TO (c) <u>Arteriosclerosis before death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystectomy 18 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Infection of gall bladder + stones 584x</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>3 yrs</u> | |
| 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 <u>Dec 5, 1955</u> , to <u>Dec 8, 1955</u> , that I last saw the deceased alive on <u>Dec 8, 1955</u> , and that death occurred at <u>5:15a</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>J. Lincoln Hurst - D.O.</u> | | 23b. ADDRESS <u>1506 Woodmont Ave</u> | |
| 23c. DATE SIGNED <u>12-8-55</u> | | 24a. LOCATION (City, town, or county) (State) <u>St. Peter's Mo.</u> | |
| 24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Dec. 10, 1955</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>All Saints Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Peter's Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-9-55</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F. Home</u> | | ADDRESS <u>9222 Lackland</u> | |

(Licensed Embalmer) Statement on Reverse Side

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..... *W. C. Ostmann*.....

Licensed Embalmer No. *3476*

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.