

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

318

1003

State File No. 7164
Registrar's No. 656

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

| | | | | | | | | | | |
|--|------------------------|--|---|--|--|-----------------------------------|--|---|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. 7164 | | Registrar's No. 656 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI 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 checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 4515 EVANS AVE 21190 | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARGARET | | | b. (Middle) _____ | | c. (Last) SANSFIELD | | 4. DATE OF DEATH (Month) (Day) (Year) JAN, 18, 1956 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH 4/13/1885 | | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 24 HRS. Hours _____ | Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) IRELAND | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME UNKNOWN | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | 14. NAME OF HUSBAND OR WIFE _____ | | | | |
| 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 ADDRESS RICHARD MCDONOUGH 3443 CHARLACK | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus | | | | | 2 days | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombo-phlebitis lower extremity veins. | | | | | for weeks. | |
| | | | | DUE TO (c) _____ | | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic heart dis. | | | | | 4-5 yrs. | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION 463x | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT (Specify) Suicide | | 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 _____ | | 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 Aug 20, 1955, to 1-18, 1956, that I last saw the deceased alive on 1-18, 1956, and that death occurred at 11:30 a.m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) John J. Hammond M.D. | | | | | 23b. ADDRESS 634 N. Grand | | | 23c. DATE SIGNED 1/19/56 | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 1/21/56 | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | | 24d. LOCATION (City, town, or county) ST LOUIS MISSOURI | | | (State) _____ | | |
| DATE REC'D BY LOCAL REG. JAN 20 1956 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE | | | | | |

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 *M. W. Rueter*.....

Licensed Embalmer No. *486*.....

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.