

FILED APR 2 1956

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2883**

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, Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anns Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Elizabeth Haley aka Healey		e. STREET ADDRESS (If rural, give location) 5301 Page Ave., 2069	

3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Haley c. (Last) aka Healey		4. DATE OF DEATH (Month) (Day) (Year) March 20, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 13, 1872
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) / Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Anthony Healey	13b. MOTHER'S MAIDEN NAME Sabira Barnett	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Buehler 7002 Woodrow

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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) -	

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION 334x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE no (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) (Min.)	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 **July 1, 1954** to **Mar 20, 1956**, that I last saw the deceased alive on **Mar. 19, 1956**, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Mrs. J. Langdon J. M.D.	23b. ADDRESS 5803 Plymoutheas	23c. DATE SIGNED Mar 21/56
24a. BURIAL CREMATION, REMOVAL (Specify) removal	24b. DATE 3-22-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		

DATE REC'D BY LOCAL REG. MAR 21 1956	REGISTRAR'S SIGNATURE Charles Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 322 S. Grand Blvd., St. Louis, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. LANGAN
5803 PLYMOUTH (AT Goodfellow)
12 to 1 P.M.

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 *David Van Fossen*
.....

Licensed Embalmer No. *434*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.