

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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>St Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St Louis</u>	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 <u>Firmen Desloge</u>		e. STREET ADDRESS (If rural, give location) <u>26 159a Malinckrodt 226/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Louise</u> c. (Last) <u>hahman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 20 - 56</u>			
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>10-14-1893</u>	9. AGE (In years last birthday) <u>62</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>Widow</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Jeff Cullen</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret O'Mara</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>492-05-0930</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edw Hastie - 3329 Indiana</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Ht Dis + ASHAs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>???</u> <u>1 month</u> <u>2 wks.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C.V.A. (Emboli)?</u>		
	DUE TO (c) <u>Embolus to Femoral Artery</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture</u>			

19a. DATE OF OPERATION <u>5-15-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Amputation Sangrenous leg.</u>	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) <u>42010</u>
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 4/21 1956 to 5-11, 1956, that I last saw the deceased alive on 5-11, 1956, and that death occurred at 7:25 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. Bennett M.D.</u>	23b. ADDRESS <u>Firmen Desloge</u>	23c. DATE SIGNED <u>5-21-56</u>
24a. FUNERAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>5-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>

DATE REC'D BY LOCAL REG. <u>MAY 21 1956</u>	REGISTRAR'S SIGNATURE <u>J. Paul Smith M.D.</u> 3.02	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edw. Koch & Son - 3516 N. 14</u>
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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 *Francis J. Highland Jr.*
Licensed Embalmer No. *4571*

P. O. Address *St. Louis, Mo.*

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.