

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH18587
State File No. 4902

FILED JUN 7 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4902			
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 type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4055 Humphry				e. STREET ADDRESS (If rural, give location) 16 4055 Humphry 21690					
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) F.		c. (Last) Scally		4. DATE OF DEATH (Month) (Day) (Year) 5 19 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 11--22--1876			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Month 5 Day 28		IF UNDER 4 HRS. Hour Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Michael Reardon			13b. MOTHER'S MAIDEN NAME Bridget Ryan		14. NAME OF HUSBAND OR WIFE Deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Marion Scally		ADDRESS 4055 Humphry			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				DUPLICATE				15 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE (b) Arterio sclerotic CVR Dis				DUPLICATE (c) Senility a.k.				15 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fracture Femur and tibia								15 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 442 + 4201F just surgery 5/21/56						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo.		COUNTY _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ab. 4-30-56 ! m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell at home					
22. I hereby certify that I attended the deceased from 4-14 , 19 56 , to 5-19 , 19 56 , that I last saw the deceased alive on 5-14 , 19 56 , and that death occurred at 7 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE C. A. Reister Mo. (Degree or title) _____				23b. ADDRESS 5600 S. Hampton				23c. DATE SIGNED 5-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-22-1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REG. MAY 21 1956		REGISTRAR'S SIGNATURE J. Carl Smith Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wingbermuehle		ADDRESS 3819 S. Grand Blvd.			

(Licensed Embalmer's 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 *Earl Morris*.....

Licensed Embalmer No. *3*.....

P. O. Address *St. Louis*.....

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