

Health,
Welfare
Public
Service

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32698

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2090

300
1-56

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, give TOWNSHIP only) OR TOWN <u>SHEWSBURY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BRENTWOOD 4511</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7233-Nottingham</u> Length of stay in 1b <u>1 hr.</u>		d. STREET ADDRESS <u>2312 High School Dr</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EMIL</u> Middle <u>E-L</u> Last <u>MARS</u>			4. DATE OF DEATH Month <u>9</u> Day <u>3</u> Year <u>56</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB-16-1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUTHERAN-MINSTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>church</u>		11. BIRTHPLACE (City and state or country) <u>TAWAS - MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13. FATHER'S NAME <u>Edward MARS</u>		14. MOTHER'S MAIDEN NAME <u>EMILY - UNKNOWN</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>498-16-3698</u>	
17. INFORMANT <u>ANNA-MARS - 2312 High School Dr.</u> Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Monday</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>hypertensive Cordis - vascular</u>	<u>undetermined</u>
	DUE TO (c) <u>arterio-sclerosis</u>	<u>447X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in 'Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Brentwood Mo</u> COUNTY STATE
21. I attended the deceased from <u>1946</u> to <u>present time</u> and last saw <u>her</u> <u>him</u> alive on <u>11 Aug '56</u> Death occurred at <u>3:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Ed McColl M.D.</u> (Degree or title)	22b. ADDRESS <u>Brentwood Mo</u>	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-6-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OUR-REDEEMER-CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
24. FUNERAL DIRECTOR <u>JAY-B SMITH - MAPLEWOOD 17 Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-5-56</u>	26. REGISTRAR'S SIGNATURE <u>Rebecca R. Lombardi</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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..... *R.P. Burgess*
Licensed Embalmer No. *40*
P. O. Address *Maple*

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.