

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36557**  
Registrar's No. **2513**

FILED NOV 7 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b> c. LENGTH OF STAY (In this place) <b>8-days</b> d. FULL NAME OF (If not in 2200) of <b>2200 Bessie St.</b> live street address or location) HOSPITAL OR INSTITUTION <b>Maplewood Nursing Home</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Kirkwood 46231</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>St. Agnes Home, 10341 Manchester Rd.</b>		
<b>3. NAME OF DECEASED</b> a. (First) <b>Mary</b> b. (Middle) <b>L.</b> c. (Last) <b>Touhill</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 24, 1956</b>			
<b>5. SEX</b> <b>F.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>W.</b>	<b>8. DATE OF BIRTH</b> <b>March 22, 1871</b>		
<b>9. AGE</b> (In years last birthday) <b>85</b> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At home</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		
<b>13a. FATHER'S NAME</b> <b>Dennis Farrell</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Horner</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Cornelius Touhill</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <b>Mr. Joseph E. Touhill, 7207 Northmoor Ave.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES <b>arteriosclerosis general</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis general</b> DUE TO (c) <b>Gastric carcinoma</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cholecystitis chr. with cholelithiasis</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331XH</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Oct 5, 1954</u>, to <u>Oct 24, 1956</u>, that I last saw the deceased alive on <u>Oct 24, 1956</u>, and that death occurred at <u>10:35 A.M.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Ch. Beckelman M.D.</b>			<b>23b. ADDRESS</b> <b>2615 Brentwood Blvd</b>		
<b>23c. DATE SIGNED</b> <b>10/24/56</b>					
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>Oct. 26, 1956</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>10-24-56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Herbert B. Donnelly</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <b>3840 Lindell Blvd.</b>	

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.....

Licensed Embalmer No. 4619

P. O. Address 3840 Lind

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.