

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1956

40193

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2530</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)						
a. COUNTY <u>St. Louis</u>				a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)						
<u>Normandy</u>		<u>2 1/2 weeks</u>		<u>St. Louis</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hilltop House Convalescent Home</u>				d. STREET ADDRESS (If rural, give location) <u>6409 St. Louis Avenue</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Josie</u>		b. (Middle) _____		c. (Last) <u>McCall</u>			
4. DATE OF DEATH (Month) (Day) (Year)			4. DATE OF DEATH <u>Oct 25 1956</u>							
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 27 1877</u>		9. AGE (in years last birthday) <u>79</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Francis McColgan</u>			13b. MOTHER'S MAIDEN NAME <u>Slattery</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hoy Lay, 6409 St. Louis Ave</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES						
				DUE TO (b) _____						
				DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)						
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 <u>Oct 2</u> , 19 <u>56</u> , to <u>Oct 25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 25</u> , 19 <u>56</u> , and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Josie G. McTurney M.D.</u> (Degree or title)				23b. ADDRESS <u>5014 Thibault Av</u>			23c. DATE SIGNED <u>10/26/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>				
DATE REC'D BY LOCAL REG. <u>10-26-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc., 2161 E. Fair Av</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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
Student Embalmer

Signed Clement M. Kearney

Licensed Embalmer No. 3732

P. O. Address St. Louis

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 this body is not embalmed, fact should be so stated above.