

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2987

FILED FEB 6 1957

STATE FILE NUMBER 244

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health, Welfare, Public Service
300
-56
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
Physician, coroner, etc. must use only standard nomenclature in item 18 - no symptoms with no instance - At

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>4640</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>23 St. John's Hosp.</i>		Length of stay in lb <i>1 wk 27</i>	d. STREET ADDRESS <i>St. Agnes Home 10341 Manchester Rd.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>O'Brien</i> Last			4. DATE OF DEATH Month <i>1</i> Day <i>8</i> Year <i>57</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4/10/1869</i>		9. AGE (In years last birthday) <i>87</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>seef</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>seef</i>		11. BIRTHPLACE (City and state or country) <i>Iowa</i>	
13. FATHER'S NAME <i>Edward J. Higgins</i>			14. MOTHER'S MAIDEN NAME <i>Bridger Mc Laughlin</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Dr. E. C. O'Brien 915 No. Grand</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio - sclerotic Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>7 wks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
DUE TO (c) _____					<i>420.0</i>
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 _____ 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 COUNTY STATE	
21. I attended the deceased from <i>11-19-56</i> to <i>1-8-57</i> and last saw her alive on <i>1-7-57</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. H. Bowden MD</i>			22b. ADDRESS <i>634 Grand</i>		22c. DATE SIGNED <i>1-8-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>1/10/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
24. FUNERAL DIRECTOR <i>Jos. A. Howard 1619 So. Grand</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 9 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Penne*
Licensed Embalmer No. *4*
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.