

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1153**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1153		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON				
b. CITY OR TOWN ST. LOUIS, MO		c. LENGTH OF STAY (in this place) 3		c. CITY OR TOWN HERCULANEUM, MO.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSP.				f. STREET ADDRESS (If rural, give location) 29 N. MAIN ST. 0500				
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALICE c. (Last) DECLUE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 3 1957					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 3, 1888		
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) 0 Bliss, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JULES COATWAY			13b. MOTHER'S MAIDEN NAME SUSAN WARDEN		14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Vogt, Herculanum Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute hemorrhage ANTECEDENT CAUSES Pancreatitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arterio-sclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs	
19a. DATE OF OPERATION 2/1/57		19b. MAJOR FINDINGS OF OPERATION acute Pancreatitis			20. AUTOPSY? 1 YES <input checked="" 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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5870				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Jan 1955 to Feb 3 1957 , that I last saw the deceased alive on Feb 3, 1957 , and that death occurred at 10:20 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.				23b. ADDRESS 7629 Ivory Ave		23c. DATE SIGNED 2-4-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 2/6/57		24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY		24d. LOCATION (City, town, or county) (State) HERCULANEUM MO.		
DATE REC'D BY LOCAL REG. FEB 5 '57		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James R. Cady, Crystal City MO.				

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 *James Richard Cady*
Licensed Embalmer No. *4309*
P. O. Address *CRYSTAL C*

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.