Health, Welfare Public Service

300 1-56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1957

6990
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Mary's Hospital — Length of stay in 1b: 16-mon.
33

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 5217 Westminster Pl. — Reside on Farm: Yes ☐ No ●
12

3. NAME OF DECEASED (Type or print): First: Elizabeth — Middle: Welsh — Last: Mullen

4. DATE OF DEATH Month Day Year: Jan.1,1957

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan.16,1878

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 11 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-[redacted]

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (City and state or country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Teller Cocke

14. MOTHER'S MAIDEN NAME: Elizabeth Welsh Horner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Dr.G.O.Broun,5228 Westminster Place

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Infarction left cerebral hemisphere — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombosis internal carotid artery left — 2 days
DUE TO (c): Arteriosclerosis generalized — ? years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Multiple previous thrombi of cerebral vessels

19. WAS AUTOPSY PERFORMED? YES X NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332x

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept. 1955, to Jan 1, 1957 and last saw her ~~him~~ alive on Jan 1, 1957
Death occurred at 7:15 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert C Sweet M.D.

22b. ADDRESS: 508 N. Grand St. Louis Mo

22c. DATE SIGNED: 1-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan.4,1957

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: 1-3-57

26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Williamso

Licensed Embalmer No. 3

P. O. Address 3840 S

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.