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

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7005

Registration District No. 312 Primary Registration District No. 548 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Webster Groves — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 27 South Elm — Length of stay in 1b 5 days

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) 5 5868 Cates Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Harriett Middle May Last Eyman

4. DATE OF DEATH: Month 1 Day 7 Year 57

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Aug. 14, 1888
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady-Ret.
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. F. Dovey
14. MOTHER'S MAIDEN NAME Harriett Terry

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. 498-26-1025
17. INFORMANT Miss Isabelle Francis Eyman — Address 5868 Cates

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1-5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerotic cardio-vascular disease — 10-20 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 1952, to 7 Jan. 1957 and last saw (Her/Him) alive on 5 Jan. 1957
Death occurred at 9:10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reynolds L. Emerson M.D. (Degree or title)
22b. ADDRESS 7695 Brentwood Blvd. Brentwood 17, Mo.
22c. DATE SIGNED Jan. 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 1/10/57
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union
25. DATE RECD. BY LOCAL REG. 1-10-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D. Dr.

(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. Warren A. Carv

Licensed Embalmer No. 35

P. O. Address .....

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.