Health, & Welfare Public Service

S. 300
. 1-56

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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 MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10099
STATE FILE NUMBER 1717

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

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 04 BARNES HOSPITAL — Length of stay in 1b 8 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Madison
c. CITY OR TOWN Collinsville 8128 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 32 716 Keebler — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Maud Middle NMN Last Corey
4. DATE OF DEATH Month Day Year Feb. 17, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐
8. DATE OF BIRTH June 21, 1890
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 7 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and state or country) St. Francis City, Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Rapp
14. MOTHER'S MAIDEN NAME Mary Keyes

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 Alta Fay Rademacher Address Collinsville Ill.

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) Embolism to right middle cerebral artery — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) Embolism to right femoral artery — 48 hrs.
DUE TO (c) Arteriosclerotic Heart Disease — 10-15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0

19. WAS AUTOPSY PERFORMED? YES X NO ☐

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 Oct. 30, 1954, to Feb. 17, 1957 and last saw her alive on Feb. 17, 1957
Death occurred at 6:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F.R. Bradley (Degree or title) M. D. 0
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 2/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/19/57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) E. St. Louis (State) Ill.

24. FUNERAL DIRECTOR Joseph J. Hardy ADDRESS E. St. Louis Ill.
25. DATE RECD. BY LOCAL REG. FEB 19 '57
26. REGISTRAR'S SIGNATURE J. Carl Smith MD MJB

(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 emb

by me; or by .....Not Embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Kassly

Licensed Embalmer No. Ill 75

P. O. Address E. St. Tal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.