

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11613

STATE FILE NUMBER

FILED MAR 29 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 737

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lemay 23, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lemay 23</u> <u>4870</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mary Ridge Nursing Home</u>				Length of stay in lb <u>10 da</u>		d. STREET ADDRESS <u>112 W. Loretta</u>	
3. NAME OF DECEASED (Type or print)		First <u>Ellen</u> Middle <u>Broy</u> Last		4. DATE OF DEATH		Month <u>Mar.</u> Day <u>17</u> Year <u>1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 9, 1880</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	Months	Days	Hours
13. FATHER'S NAME <u>Geo. Parks</u>				14. MOTHER'S MAIDEN NAME <u>Betty Cunningham</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT <u>Lemay, 23, Mo.</u> <u>Mrs. Mae Mannes 112 W. Loretta,</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 MB</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4222</u>						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 <u>2-26-57</u> to <u>MARCH 17, 57</u> and last saw her ^{her} _{him} alive on <u>March 17, 1957</u> Death occurred at <u>1230 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or atty) <u>John C. Campbell D.O.</u>				22b. ADDRESS <u>9612 S. Broadway</u>		22c. DATE SIGNED <u>3-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-20-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parklawn Cem.</u>		23d. LOCATION (City, town, or county) <u>Lemay 23, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3/18/57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dinkler MD</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Health, & Welfare Public Safety

300 1-56

Secure the medical certificate

Dr. Crawford
9612 S. Broadway

930 til 12

130 to 530

County

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

David Van ...

Licensed Embalmer No. *751*

P. O. Address *510 ...*

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.