

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

14674

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3207

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1		Length of stay in 1b 219	STREET ADDRESS 4327 OLIVE ST.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANCES ^{First} HOPE ^{Middle} FITZPATRICK ^{Last}			4. DATE OF DEATH Month Day Year MAR. 31, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 26, 1914	9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days 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 country) BILOXI, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME EDWARD MEYERS			14. MOTHER'S MAIDEN NAME (UNKNOWN)		
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. 497-10-0478	17. INFORMANT Address JOS. E. MC GRITE 2318 DODIER ST.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> DUE TO (b) <i>Constricting Pericarditis</i> DUE TO (c) <i>Related Bronchopneumonia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
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.) 434.3			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <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>2/4/57</u> to <u>3/31/57</u> and last saw her <u>3/31/57</u> alive on <u>3/31/57</u> . Death occurred at <u>3:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>H. E. Oval MD</i>			22b. ADDRESS 1515 LA FAYETTE AVE.		22c. DATE SIGNED 4/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE APRIL 4, 1957	23c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.		25. DATE RECD. BY LOCAL REG. APR 3 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> mbs	

0011

002

003

EMBALMER

DATE OF

DECEASED

VILCO VSSA

1000 1000 1000 1000

004

STATE OF

DEPARTMENT OF

HEALTH

1000 1000 1000

005

AND

DEPARTMENT OF

HEALTH

(10000)

1000 1000

1000 1000

1000 1000

1000 1000

006

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Delia J. Krupin

Licensed Embalmer No. 34

P. O. Address St. Louis

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.