

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14757

State File No.

FILED APR 22 1957

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3223

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>15 Min.</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>23 St. John's Hospital</u>		STREET ADDRESS (If rural, give location) <u>5556 Natural Bridge</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u> b. (Middle) <u>C.</u> c. (Last) <u>HALEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1889</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Aloys Schneider</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Wachter</u>		14. NAME OF HUSBAND OR WIFE <u>Clifford G. Haley</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>486-22-5256</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cliff P. Haley 5556 Natural Bridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure with Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis Cordis Vas Arteriarum</u> <u>4-6 yrs</u> DUE TO (c) <u>athero sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr</u> , 19 <u>53</u> , to <u>Apr 2</u> , 1957, that I last saw the deceased alive on <u>April 2</u> , 1957, and that death occurred at <u>2:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. O N Finerman MD</u>		23b. ADDRESS <u>4126¹ Shreve Ave</u>	
23c. DATE SIGNED <u>4/2/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr. 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>7267 Natural Bridge</u>	
DATE REC'D BY LOCAL REG. <u>APR 3 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>Ellen Kelly</u> <u>1978</u> (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Harvey Stahl*.....

Licensed Embalmer No. *4596*.....

P. O. Address *St Louis 9*.....

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.