

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15514

STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 882

Health, Welfare, Public Service

300-56

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MEHLVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Louis P^o Hosp</u>			Length of stay in lb <u>D.O.A.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 8-Box 2197</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ZELMA</u> Middle <u>AGNES</u> Last <u>BANGE</u>				4. DATE OF DEATH Month <u>APR.</u> Day <u>1st</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 type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July-21-1928</u>		9. AGE (In years last birthday) <u>28</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>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>Perry County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Edward C. Smith</u>				14. MOTHER'S MAIDEN NAME <u>DELIA RAYOUN.</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>NONE</u>		17. INFORMANT <u>MR WALTER BANGE</u>		Address <u>Rt 8-Box 2197 MEHLVILLE MO</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>acute circulatory collapse due to shock due to acute obstructive cholecystitis</u>								INTERVAL BETWEEN ONSET AND DEATH		
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 (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>natural causes</u> <input type="checkbox"/> <u>Death due to natural causes</u>							
20c. TIME OF INJURY Hour <u>7:15</u> a. m. <u>AM</u> Month, Day, Year <u>4/1/57</u>										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF DEATH (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>bedroom of home</u>		20f. CITY, TOWN, OR LOCATION <u>Mehlville</u>		COUNTY <u>St. Louis</u>		STATE <u>Mo.</u>		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <u>Raymond H. ...</u>				22b. ADDRESS <u>Clayton, Mo.</u>			22c. DATE SIGNED <u>4/5/57</u>			
23a. FUNERAL HOME <u>FEY FUNERAL HOME</u>		23b. DATE <u>APR-4-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SECRET HART PEM.</u>		23d. LOCATION (City, town, or county) (State) <u>FESTUS, MISSOURI</u>				
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME</u>				ADDRESS <u>MEHLVILLE, MO</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert A. ...</u>		

(Licensed Embalmer's Statement on Reverse Side)

54

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 *Gustav W. Schuler*

Licensed Embalmer No. *43*

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.