

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15770

STATE FILE NUMBER

FILED APR 25 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 706

Health & Welfare
Public Health Service

S. 300
1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 St. Louis		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 Lemay		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lemay Nursing Home		Length of stay in 1b 2 yrs. ^{2/15/57} STREET ADDRESS 4431 S. Broadway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Elizabeth First --- Middle --- Last Moylan		4. DATE OF DEATH March 14, 1957 Month March Day 14 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 28, 1883 9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY ---None---	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Joseph Moylan		12. CITIZEN OF WHAT COUNTRY? U.S.A	
14. MOTHER'S MAIDEN NAME Unknown		17. INFORMANT Chas. J. Rathmann Address 902 Pardella ave. Lemay, Mo	
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. None	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			INTERVAL BETWEEN ONSET AND DEATH 8 m. 5 yrs
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.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 1/15/57 to 3/14/57 and last saw her alive on 3/14/57 Death occurred at 1:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Michael L. Bartnick M.D.		22b. ADDRESS 7615 So. Broadway	
22c. DATE SIGNED 3/15/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 16, 1957	23c. NAME OF CEMETERY OR CREMATORY Mourt Hope Cemetery	23d. LOCATION (City, town, or county) (State) 1218 Lemay Ferry Rd. Lemay, Mo.
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries ADDRESS 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. 3-15-57	26. REGISTRAR'S SIGNATURE Herbert R. Donkey

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 *Linus C. Hoffmann*.....

Licensed Embalmer No. 387

P. O. Address 7814 S. Br...

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.