

FILED JUL 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57023109
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1489

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 5-weeks	
33		d. STREET ADDRESS 1112 No. 8th. Street	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Nell O'Fallon			4. DATE OF DEATH June 10, 1957
5. SEX F. 6. COLOR OR RACE W. 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Jan. 27, 1883
9. AGE (In years last birthday) 74			IF UNDER 1 YEAR 4 Months 13 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady - Scruggs			10b. KIND OF BUSINESS OR INDUSTRY Selling
11. BIRTHPLACE (City and state or country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry O'Fallon			14. MOTHER'S MAIDEN NAME Ellen Concannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-05-6638	
17. INFORMANT Mrs. R. W. Stevens, 7270 Maryland Ave.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Disease, Arterio-sclerotic type, with decompensation DUE TO (b) Epithelioma of Scalp & penetration of skull DUE TO (c) 191X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Removal of Carcinoma of Scalp & Skull with flap-graft repair.			INTERVAL BETWEEN ONSET AND DEATH Undetermined to Mos.
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 19 June 57 to 10 June 57 and last saw her/him alive on 10 June 57 . Death occurred at 2:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James P. Almond, M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 6-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 12, 1957	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. 6-11-57	
ADDRESS 3840 Lindell Blvd.		26. REGISTRAR'S SIGNATURE Herbert A. Donkha	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

1983-84

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

HEALTH SERVICES DIVISION

MEMPHIS, TENNESSEE

STATE OF MISSISSIPPI

HEALTH SERVICES DIVISION

MEMPHIS, TENNESSEE

188-C-2033

on

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by me, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4

P. O. Address 3845

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.