

FILED JUL 26 1957

THE DIVISION OF REALTY OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26276  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **6139**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hamilton Convalescent</b>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>2201 Forest Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Martha</b> Middle <b>E.</b> Last <b>Konsie</b>				4. DATE OF DEATH Month <b>June</b> Day <b>29</b> Year <b>1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-16-1875</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Murphy</b>				14. MOTHER'S MAIDEN NAME <b>Dont Know</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-36-8960B</b>		17. INFORMANT <b>Ted E. Konsie</b> Address <b>2201 Forest Ave.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerosis - Generalized</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs 8 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerotic Gangrene of rt. foot</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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.) <b>450.1</b>				
20c. TIME OF INJURY Hour <b>6:15 P.M.</b> Month, Day, Year							
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 <b>October 14 30</b> to <b>6-29-57</b> and last saw her alive on <b>6-21-57</b> Death occurred at <b>6:15 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Carl J. Kess M.D.</b> (Degree optional)				22b. ADDRESS <b>184 Kings Highway</b>		22c. DATE SIGNED <b>7-1-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-3-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
24. FUNERAL DIRECTOR <b>Cullinane Bros.</b> ADDRESS <b>3320 N. Kings Highway</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 2-57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56  
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.

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 *Fred Frick* .....  
Licensed Embalmer No. .... 31

P. O. Address *St. Louis,*

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