

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

26511

STATE FILE NUMBER

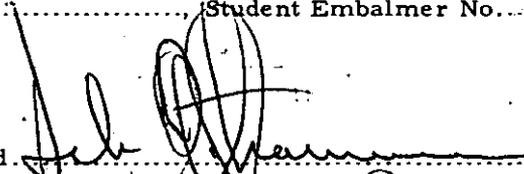
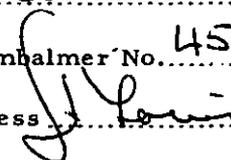
Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6699**

1. PLACE OF DEATH a. COUNTY Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <input checked="" type="checkbox"/>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4997 Fairview			Length of stay in lb 2 1/4		d. STREET ADDRESS 4997 Fairview		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Mary First J Middle Ross Last				4. DATE OF DEATH July 16 1957 Month Day Year					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1882		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Santa Fe N. Mexico		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Dillon				14. MOTHER'S MAIDEN NAME Ann Kelly					
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. No		17. INFORMANT Address Kathryne Ross 4997 Fairview					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crossed Thrombosis Chronic Cor. Vas. Heart Disease & Hypertension 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)							INTERVAL BETWEEN ONSET AND DEATH 7 years 4-5 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.) 420-1						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. noon			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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 10-25-55 to 7-16-57 and last saw her alive on 7-16-57 Death occurred at 9 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Precede by title) D. C. Kriegshausner				22b. ADDRESS 75735 Kingshighway		22c. DATE SIGNED 7-16-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-19-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
24. FUNERAL DIRECTOR ADDRESS Kriegshausner 4228 So. Kingshighway			25. DATE RECD. BY LOCAL REG. JUL 18 57		26. REGISTRAR'S SIGNATURE D. Carl Smith, M.D. M. J. B.				

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 
Licensed Embalmer No. 45
P. O. Address 

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.