

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29575
STATE FILE NUMBER 8046

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 3125a Clay</i>			Length of stay in 1b		d. STREET ADDRESS (If multiple, give location) <i>910th 3125^a Clay</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>B.</i> Last <i>Howard</i>				4. DATE OF DEATH Month <i>Aug.</i> Day <i>26</i> Year <i>1957</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar. 17 1875</i>		9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>22</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>ref</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Michael S. Martin</i>				14. MOTHER'S MAIDEN NAME <i>Mary Moore</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mr. A. Howard 3125^a Clay</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocarditis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Hypertension present</i>		DUE TO (c) <i>Cardio-renal-vascular disease present</i>		8-17-46 8-17-46
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 type="checkbox"/> NO <input checked="" type="checkbox"/> <i>1/2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>442x</i>				
20c. TIME OF INJURY Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i> a. m. <i>—</i> p. m. <i>—</i>							
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 <i>St. Louis Mo.</i>			COUNTY <i>—</i>
21. I attended the deceased from <i>8-17-46</i> to <i>8-26-57</i> and last saw her alive on <i>8-14-57</i> Death occurred at <i>1:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John + Flynn Bond</i> (Degree or title)				22b. ADDRESS <i>1715 So 39th St. Louis Mo</i>		22c. DATE SIGNED <i>8-26-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Aug. 29 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
24. FUNERAL DIRECTOR <i>Joe. A. Howard 1619 So. Grand</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>AUG 28 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>S.P.</i>		

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

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Stanley H. Rigo*.....

Licensed Embalmer No. *4*.....

P. O. Address *St. L.*.....

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.