

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29918

STATE FILE NUMBER

318

1003

7575

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

| | | | | | | | | |
|---|----------------------------------|---|--|---|--|---|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | | | 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 St. Louis | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2914 Lamp Ave. | | | Length of stay in lb 5 Yrs. | d. STREET ADDRESS 2914 Lamp Ave. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First MARGARET Middle NMI Last RAGAN | | | | 4. DATE OF DEATH Month Aug. 11, Day 1957 Year | | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 1-18-1916 | | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady | | 10b. KIND OF BUSINESS OR INDUSTRY Bakery | | 11. BIRTHPLACE (City and state or country) Savannah, Ga. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME John Brown | | | | 14. MOTHER'S MAIDEN NAME Ruby Smoak | | | | |
| 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. 257-14-5738 | | 17. INFORMANT John J. Vola, 7564 Hiawatha Ave. Richmond Hts., Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac collapse Myocarditis DUE TO (b) Myocarditis DUE TO (c) Hypertension INTERVAL BETWEEN ONSET AND DEATH 443X sudden ? ? | | | | | | | | |
| 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"/> 2 | |
| 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.) 3:00 PM | | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. | | COUNTY STATE | | |
| 21. I attended the deceased from 8:30 to 3:00 P.M. and last saw her/him alive on 3:00 P.M. Death occurred at 8:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Dr. Leo P. Young (Degree or title) M.D. | | | | 22b. ADDRESS 2621 So. Jefferson Ave. St. Louis, Mo. | | | | DATE SIGNED 8-12-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-14-1957 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | | |
| 24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo. | | | | 25. DATE RECD. BY LOCAL REG. AUG 13 57 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD mdb | | |

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 46

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.