

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37429**
Registrar's No. **10414**

FILED NOV 15 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10414	
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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes (If not in hospital or institution, give street address or location)				STREET ADDRESS (If rural, give location) 3033 N. Euclid			
3. NAME OF DECEASED (Type or Print) Alice Myrtle		a. (First)		b. (Middle) Fleming		c. (Last)	
4. DATE OF DEATH Nov. 3 1957		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 23, 1898	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 4 Days 10		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse				10b. KIND OF BUSINESS OR INDUSTRY Childrens Home		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Sidney Hefley			13b. MOTHER'S MAIDEN NAME Mary Conley			14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 52-20-3663		17. INFORMANT'S SIGNATURE OR NAME Maureen Stuber ADDRESS 26 Woodland Drive Collinsville, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 11/2/57 , 19____, to 11/3/57 , 19____, that I last saw the deceased alive on 11/2/57 , 19____, and that death occurred at 1:30 Pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Maureen A. Stuber M.D.				23b. ADDRESS 3720 WASHINGTON, St. Louis		23c. DATE SIGNED 11/3/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-4-1957		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.	
DATE REC'D BY LOCAL OFF. NOV 4 57		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE John Koepf ADDRESS E. St. Louis, Ill.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 7541

P. O. Address 1101 N. 9th St.

E. ST. LOUIS, IA

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

Not Embalmed

Joseph J. Furry