

S. No. 300
EV. 10 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38732**

FILED OCT 18 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2306**

1. PLACE OF DEATH
a. COUNTY **St. Louis 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 town) **Rural KOCH**

c. LENGTH OF STAY (In this place) **43 days**

c. CITY OR TOWN **St. Louis 0**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Robert Koch Hospital**

e. STREET ADDRESS (If rural, give location) **3210 Park Avenue**

3. NAME OF DECEASED (Type or Print)
a. (First) **Rose**

b. (Middle) **Harley**

c. (Last) **IRVIN**

4. DATE OF DEATH (Month) (Day) (Year) **9-15-57**

5. SEX **Fem**

6. COLOR OR RACE **White**

7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **9-26-90**

9. AGE (In years last birthday) **66**

IF UNDER 1 YEAR Months **11** Days **20** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil**

10b. KIND OF BUSINESS OR INDUSTRY **Nil**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri 0**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Martin**

13b. MOTHER'S MAIDEN NAME **Francis Pedon**

14. NAME OF HUSBAND OR WIFE **??? Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Record at Robert Koch Hospital**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerotic Heart Disease ??**
DUE TO (c) **Auricular Fibrillation ??**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Bilateral Pleural Effusion**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4/200**

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-2-57**, 19**57**, to **9-15-57**, that I last saw the deceased alive on **9-15-57**, and that death occurred at **3:35 PM** from the causes and on the date stated above.

23a. SIGNATURE **Harold S. Russell M.D.**

23b. ADDRESS **Robert Koch Hospital**

23c. DATE SIGNED **9-16-57**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **9-16-57**

24c. NAME OF CEMETERY OR CREMATORY **Local**

24d. LOCATION (City, town, or county) (State) **Elsberry, Mo.**

DATE REC'D BY LOCAL REG. **9-18-57**

25. FUNERAL DIRECTOR'S SIGNATURE **Robert S. Donahue MD**

ADDRESS **Miller, Elsberry, Mo.**

(Embalmer's Statement on Reverse Side)

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 *Harvey Zable*

Licensed Embalmer No. 4596
P. O. Address Flouissant, N

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.