. Health,
& Welfare
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v. 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 casually 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

STATE FILE NUMBER 42655

FILED DEC 2 - 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10479

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4341 Westminster — Length of stay in Institution: 3 yrs

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4341 Westminster — Reside on Farm: Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: Mary — Middle: — Last: Starkey

**4. DATE OF DEATH**: Month Nov. Day 1st Year 1957

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

**8. DATE OF BIRTH**: June 28th 1877

**9. AGE** (In years last birthday): 80

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**: Cleaning

**11. BIRTHPLACE** (City and state or country): Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: Unknown

**14. MOTHER'S MAIDEN NAME**: Unknown

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None

**16. SOCIAL SECURITY NO.**: 490-12-3222

**17. INFORMANT** — Address: Mary Ryder, 4939 W. Pine, St. Louis, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 42001

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO X

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 _____, to _____ and last saw her/him alive on _____. Death occurred at 830 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): James M. Kelly Brown, Deputy

**22b. ADDRESS**: 1300 Clark

**22c. DATE SIGNED**: 11-5-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 11-7-57

**23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**24. FUNERAL DIRECTOR** — ADDRESS: JAY B. SMITH, Maplewood, Mo.

**25. DATE RECD. BY LOCAL REG.**: NOV 5 '57

**26. REGISTRAR'S SIGNATURE**: Pearl Smith MD

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. E. Burgess

Licensed Embalmer No. 402

P. O. Address Maplew

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