

Health, Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2578

STATE FILE NUMBER

FILED FEB 6 1958

318

1003

984

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes* No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 4002a Shaw			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 471 4002a Shaw		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Maud Amber				4. DATE OF DEATH Month Day Year Jan. 27, 1958			
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 Sept. 26, 1874		9. AGE (In years last birthday) 83 yrs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Princegardner		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John J. McElhaney				14. MOTHER'S MAIDEN NAME Margaret Maud Robson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 495-22-1693		17. INFORMANT Address Mrs. George Wilucki 3900 Lindell			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bowel hemorrhage (uremic)</u> <u>Nephrosclerosis & ASHD</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>nephrosclerosis and ASHD.</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 446x							INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
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.)		20f. CITY, TOWN, OR LOCATION St. Louis,		COUNTY Missouri	STATE
21. I attended the deceased from <u>March 1956</u> to <u>present</u> and last saw her alive on <u>Jan. 25 '58</u> Death occurred at <u>11:00</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Marvin G. Fingerhoda</u> (Print or title) M.D.				22b. ADDRESS <u>4652 Maryland</u>		22c. DATE SIGNED <u>1-27-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Jan. 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR <u>Alexander & Sons 6125 Delmar</u>				25. DATE RECD. BY LOCAL REG. JAN 27 '58		25. REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Fingerhoad
465 Maryland & Euclid
FOI 5045

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Geo. E. McCulloh*.....

Licensed Embalmer No. *249*

P. O. Address *6175 26*

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.