

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3361

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **582**

| | | | | | |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| 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 Ferguson 4119 | | Inside Limits Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul H^osp. | | Length of stay in 1b 2 hrs | d. STREET ADDRESS 334 Roberts | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ELIZABETH Middle MURDOCH Last | | | 4. DATE OF DEATH Month Jan. Day 16 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-27-1872 | 9. AGE (In years last birthday) 85 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Carondelet (St. Louis) Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME John Donaldson | | | 14. MOTHER'S MAIDEN NAME Katherine Watson | | |
| 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. | 17. INFORMANT Address Ruth Murdoch Milster, Ferguson, 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) Arterio sclerotic heart disease with decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis generalized DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0 INTERVAL BETWEEN ONSET AND DEATH 1 week 10 years | | | | | |
| 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.) 420.0 | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 1/9/58 to 1/16/58 and last saw her ^{alive} die on 1/16/58 Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Jack T. Steele, M.D. | | 22b. ADDRESS 420 N. Ferguson St., Mo. | | 22c. DATE SIGNED 1/16/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 1-18-58 | 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |
| 24. FUNERAL DIRECTOR WHITE CHAPEL, FERGUSON, MO. | | | 25. DATE RECD. BY LOCAL REG. JAN 17 '58 | | 26. REGISTRAR'S SIGNATURE Carl Smith |

VS MAY 11 1961

FEB 20 1958

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 *Eleanor Province*

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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.