

Health, & Welfare Public Service

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016122

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4661**

300  
1-57

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>01 3438 Russell Blvd.</b>  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>3438 Russell Blvd.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MARY</b> Middle <b>JANE</b> Last <b>McCLUSKEY</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Apr.</b> Day <b>29</b> Year <b>1958</b>  |   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 10, 1879</b>  |   | 9. AGE (In years last birthday) <b>79</b><br>IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Mary's, Mo. 0</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>Isaac Smith</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Elizabeth Laws</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Late William McCluskey</b>                                      |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give dates of service)<br><b>No None</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Mary R. McCluskey 3438 Russell Blvd.</b>  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>  |                                  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  | DUE TO (b) <b>Generalized</b>   |   | DUE TO (c) <b>arterio-sclerosis</b>   |  |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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<br>Hour <b>None</b> Month <b>None</b> Day <b>None</b> Year <b>None</b><br>a.m. p.m.  |                                  |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT <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.)<br><b>None</b>   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>July 1, 1957</b> to <b>April 29, 1958</b> and last saw her <b>April 28, 1958</b><br>Death occurred at <b>8:45 A.M.</b> on the date stated above; and to the best of my knowledge from the causes stated. |                                  |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Vesper Plummer MD</b>   |                                  |   | 22b. ADDRESS<br><b>3433 S. Grand</b>  |   | 22c. DATE SIGNED<br><b>Apr 29 58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>May 2, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b>              |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser</b>  |                                  | ADDRESS<br><b>4228 S. Kingshighway</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>APR 30 58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith MD</b>                                      |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

m88

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 *Richard W. Stone* .....

Licensed Embalmer No. 4007 .....  
P. O. Address .....

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.