

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016717

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1096

Health, Welfare and Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. ATTENTION: Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis				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 Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Elm Dale Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL St. Louis County Hospital INSTITUTION			Length of stay in 1b 2 days		d. STREET ADDRESS (If outside, give location) 8916 McNulty Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle D. Last R. 99				4. DATE OF DEATH Month 4 Day 19 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 Aug. 16, 1887		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____ 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 At Home		11. BIRTHPLACE (City and state or country) Montgomery County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Druin Dutton				14. MOTHER'S MAIDEN NAME Harriett McCullough					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not known) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Paul Downs, 8916 McNulty Drive					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic nephrosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Pyelonephritis DUE TO (c) 6000 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Aortic aneurysm								INTERVAL BETWEEN ONSET AND DEATH	
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 _____ 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		COUNTY		STATE	
21. I attended the deceased from 4-17-1958 to 4-19-1958 and last saw her ^{him} alive on 4-19-58 Death occurred at 12:55 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John E. Oakley M.D. (Degree or title)				22b. ADDRESS 601 S. Brentwood Blvd.			22c. DATE SIGNED 4/20/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-21-58	23c. NAME OF CEMETERY OR CREMATORY New Providence		23d. LOCATION (City, town, or county) (State) Bellflower, Mo.				
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. 4-21-58		26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			

State of _____
 Department of Health
 Bureau of Health Services
 License No. _____
 Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Cause of Death _____
 Name of Embalmer _____
 License No. _____
 Date of Embalming _____
 Place of Embalming _____
 Name of Student Embalmer _____
 License No. _____
 Date of Embalming _____
 Place of Embalming _____

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 *Elmer R. Radwell* _____
 Signature of Licensed Embalmer

Licensed Embalmer No. 40

P. O. Address H. L.

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.