

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021160

STATE FILE NUMBER

JUN 23 1958

Registration District No. 53

Primary Registration District No.

Registrar's No. 361

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.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
550

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>Cape Girardeau</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b> 2169 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <b>633 Penny St.</b>		d. STREET ADDRESS (If outside, give location) Reside on Form <b>3512 Alberta</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Tareasa</b> Middle <b>-</b> Last <b>Brown</b>		4. DATE OF DEATH Month <b>June</b> Day <b>18</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 4 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Keeping House</b>	9. AGE (In years last birthday) <b>79</b>
13. FATHER'S NAME <b>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>Perry Co. 0</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No --</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>None</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. INFORMANT <b>Mrs. Richard Young</b>		Address <b>633 Penny St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic HT Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
DUE TO (b) _____ DUE TO (c) _____			<b>4200</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>Feb 58</b> to <b>June 18, 1958</b> and last saw her alive on <b>May 15 1958</b> Death occurred at <b>7 10 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harold Ridings md</b>		(Degree or title)	22b. ADDRESS <b>Cape Girardeau, Mo</b>
22c. DATE SIGNED <b>6/19/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 23 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary St. Louis</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
24. FUNERAL DIRECTOR <b>Deneke-Laird Jackson Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 19, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Homer Cooper</b>

JUL 18 1958

JUL 16 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 *P. O. Laund* .....

Licensed Embalmer No. *45* .....

P. O. Address *Jackson* .....

**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.