THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023517
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5971

FILED JUN 1 1958

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST LOUIS, Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 0/ 2248 a HOWARD ST. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST LOUIS, Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2248 a HOWARD ST. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sara Middle: - Kilcullen- Last: McHale
4. DATE OF DEATH: Month JUNE Day 8 Year 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: OCT, 14, 1912
9. AGE (In years last birthday): 45 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
11. BIRTHPLACE (City and state or country): ST LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: EMMA UNKNOWN
14. NAME OF HUSBAND OR WIFE: MICHAEL L. MCHALE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: #
17. INFORMANT: MICHAEL MCHALE Address: 2248 a HOWARD ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Emboli
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fatty degeneration of Liver
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 581.0
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 11:56A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Patrick C. Taylor (Degree or title) Coroner 3
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 6.10.58.
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/11/58
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS MO.
24. FUNERAL DIRECTOR: STROOT - CARROLL ADDRESS: 4600 NATURAL BRIDGE AVE
25. DATE RECD. BY LOCAL REG.: JUN 10 '58
26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 M W Rutter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

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.

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