

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027035
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's

5859

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
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 E. St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 34 ST. MARY'S INF.		Length of stay in lb 5 hrs.	d. STREET ADDRESS (If outside, give location) 32 1010 Bond Ave.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emma Middle Last Hegler			4. DATE OF DEATH 6-4-58		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-17-1909	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mose Smith			14. MOTHER'S MAIDEN NAME McKernon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT Leonard Lawrence Address 1242 Cleveland		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> <u>Anesthesia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anesthesia</u> DUE TO (c) <u>570.5</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Following operation for</u> <u>pyelonephritis at</u> <u>St. Mary's Hospital on June</u> <u>4th, 1958 about 130 a.m.</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of Part II of item 18) <u>Pyelonephritis at St. Mary's Hospital on June 4th, 1958 about 130 a.m.</u>		
20c. TIME OF INJURY Hour Month, Day, Year 130 a.m. 6. 4. 58			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 22 Hosp		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION St. Louis Mo		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>143 A m on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE (Name or title) <u>James M. Kelly, Coroner</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>6-6-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BOOKER Washington</u>		23d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>
24. FUNERAL DIRECTOR <u>M. James Kelly, Mgr.</u> NASH FUNERAL HOME 111 N. 13th			25. DATE RECD. BY LOCAL REG. <u>JUN 6 58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. James Nash*

Licensed Embalmer No. *443*

P. O. Address *111 N. 13th*

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.