t. Health,
, & Welfare
. Public
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S. 300
v. 1–57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–030360
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7317

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) Jewish Hospital — Length of stay in 1b 14 2 16

d. STREET ADDRESS (If outside, give location) 4257 Chippewa St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Catherine Middle Last Ernest

4. DATE OF DEATH Month Day Year 7-24-1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Feby. 5, 1890

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 5 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Birmingham Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Hood

14. NAME OF HUSBAND OR WIFE James Ernest

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. 495-24-1519

17. INFORMANT Mrs. Virginia George Address 804 Eastgate Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 022X

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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. 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

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 520 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 7 25 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 26, 1958

23c. NAME OF CEMETERY OR CREMATORY St. Matthew Cem.

23d. LOCATION (City, town, or county) (State) Gravois & Bates St. L. Mo

24. FUNERAL DIRECTOR Bull-Campbell Mortuary — ADDRESS 5165 Delmar

25. DATE RECD. BY LOCAL REG. JUL 25 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Robert M. Murray

Licensed Embalmer No. 3749

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.