Health, Welfare Public Service

300
1-57
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030708
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7886

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 (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 St. Louis City Hosp. #1 — Length of stay in 1b 6 days 22 19 0	d. STREET ADDRESS (If outside, give location) 3127 Locust St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Eva Middle: Last: Mc Alister	4. DATE OF DEATH Month: Aug. Day: 12 Year: 1958		
5. SEX: Female /	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]	8. DATE OF BIRTH: Apr.10,1871
9. AGE (In years last birthday): 87	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: At Home	11. BIRTHPLACE (City and state or country): Louisana, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Daniel E. Mc Alister	13b. MOTHER'S MAIDEN NAME: Nellie / ?	14. NAME OF HUSBAND OR WIFE: None	
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.: None	17. INFORMANT Address: Josephine May Edwardsville, Illinois	

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 Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) 420.0

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.)

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 Aug. 6, 1958, to Aug. 12, 1958 and last saw her/him alive on Aug. 12, 1958

Death occurred at 7:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robt. E. Stufflebam M.D. 0	22b. ADDRESS 1515 Lafayette Ave.	22c. DATE SIGNED 8/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 8-14-58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Mittelberg Funeral Home Webster Groves, Mo.	25. DATE RECD. BY LOCAL REG. AUG 13 '58	26. REGISTRAR'S SIGNATURE J Carl Smith MD MJS	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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.

NOT EMBALMED

Student .....
Signature of Student Embalmer

Signed .....Chas. J. Clark.....

Licensed Embalmer No.....

P. O. Address .....

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.