Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-030709

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8047

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 01 4142a Margaretta Av — Length of stay in Ib: 1 year

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): 2109 4142a Margaretta Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Elizabeth — Middle: X — Last: McBride

4. DATE OF DEATH: Month: August — Day: 17 — Year: 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: Aug. 11, 1881

9. AGE (In years last birthday): 77 — 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): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Ireland 4

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Phillip Murphy

13b. MOTHER'S MAIDEN NAME: Mary Cash

14. NAME OF HUSBAND OR WIFE: Neil McBride (Deceased)

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: Charles P. McBride, Address: 4142 Margaretta Ave

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)	Coronary embolus	24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	10 yrs
DUE TO (c)	420.1	

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 [X] 2

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 1-15-58, to 8-17-58 and last saw her/him alive on 8-17-58

Death occurred at 10:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. H. Bowden (Degree or title) MD

22b. ADDRESS 634 N. Grand

22c. DATE SIGNED 8-18-58

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

23b. DATE: Aug 20 1958

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county): St. Louis — (State): Missouri

24. FUNERAL DIRECTOR — ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: AUG 19 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.B.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Glen W. Watts

Licensed Embalmer No. 3737

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.