Health, & Welfare Public Service 4

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031372
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2138

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) NORMANDY 21 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Charles I Nursing Home — Length of stay in Ib 5 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights 4495 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1315 Claytonia Terrace — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle BIRKETT Last LAUGHLIN.

4. DATE OF DEATH: Month AUG. Day 16 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 22, 1880
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Wabash County, Illinois.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Mathew Birkett.
13b. MOTHER'S MAIDEN NAME: Emma unknown
14. NAME OF HUSBAND OR WIFE: Roy E. Laughlin.

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: Mr. Roy E. Laughlin, Address 1315 Claytonia Terr.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Mar 10-58
DUE TO (c) 331X — to Aug 16-58
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 Mar 10-58 to Aug 16-58 and last saw her/him alive on Aug 15-58
Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clarence H. Kilker MD (Degree or title)
22b. ADDRESS 3121 N Grand St Louis Mo
22c. DATE SIGNED 8-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 8-17-1958
23c. NAME OF CEMETERY OR CREMATORY Sumner Cemetery
23d. LOCATION (City, town, or county) Sumner, Illinois. (State)

24. FUNERAL DIRECTOR C.R.Lupton & Sons; ADDRESS 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 8/16/58
26. REGISTRAR'S SIGNATURE Herbert A. Donkel MD

(Licensed Embalmer's Statement on Reverse Side)

Motor

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, M

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.