

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037994

STATE FILE NUMBER

FILED OCT 30 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9915

300
1-57

0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
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 St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1		Length of stay in lb 5 years 7/67	d. STREET ADDRESS (If outside, give location) 3559 Crittenden
3. NAME OF DECEASED (Type or print) First Middle Last Virginia Edith McNeill			4. DATE OF DEATH Month Day Year Oct. 14, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 23, 1890
9. AGE (In years last birthday) 68		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 own home	11. BIRTHPLACE (City and state or country) Salem, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frances Marion Summy	
13b. MOTHER'S MAIDEN NAME Julia Wynn		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 487-40-481	17. INFORMANT Address Mrs. Mary M. Lenox St. Clair, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE			INTERVAL BETWEEN ONSET AND DEATH INDETERMIN.
DUE TO (b) ARTERIOSCLEROSIS			
DUE TO (c) HYPERTENSION			444X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE OF RIGHT ANKLE			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SKIPPED + FELL IN BATH TUB	
20c. TIME OF INJURY Hour Month, Day, Year a.m. SEPT 26 p.m. '58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16 HOME	20f. CITY, TOWN, OR LOCATION ST LOUIS
		COUNTY	STATE MO
21. I attended the deceased from 1957 to DEATH and last saw her alive on SEPT 26 '58 Death occurred at 5:37 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE RW Jackson D.O.		22b. ADDRESS 3546a Gravois Ave.	22c. DATE SIGNED 10/16/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
		23d. LOCATION (City, town, or county) St. Louis, Missouri	(State)
24. FUNERAL DIRECTOR Casey-Lenox		ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. OCT 16 '58
		26. REGISTRAR'S SIGNATURE J. Carl Smith Mo	

Dr. Richard W. Jackson

3546a Gravois Ave.

PR 1 7477

Thurs. 10-12 AM

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 *Jos. E. McCullough*

Licensed Embalmer No. *2460*

P. O. Address *6140 P. O. St. Louis*

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.