Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042178
STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10292

1. PLACE OF DEATH
a. COUNTY -
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hospital — Length of stay in 1b 1 day
09

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson 4109 — Inside Limits Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location) 445 Robert — Reside on Farm Yes [ ] No [#]
27

3. NAME OF DECEASED (Type or print) First MARY Middle SUSAN Last ROWBERRY

4. DATE OF DEATH Month Day Year Oct. 25, 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [#]
8. DATE OF BIRTH July 11, 1882
9. AGE (In years last birthday) 76 — 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 Home
11. BIRTHPLACE (City and state or country) Old Mines, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pose Polete
13b. MOTHER'S MAIDEN NAME Mary Ann Polete
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Address Genevieve Gallai, 445 Robert, Ferguson, Mo.

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) Hypertensive Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 11 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized — 11 yrs
DUE TO (c) 443x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchitis, Acute
19. WAS AUTOPSY PERFORMED? YES [#] NO [ ] 1

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 12.16.47 to 10.25.58 and last saw her/him alive on 10.25.58
Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. Justin D. 0
22b. ADDRESS 6000 W. Florissant
22c. DATE SIGNED 10.27.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-29-58
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS WHITE-MULLEN MORTUARY, Ferguson, Mo.
25. DATE RECD. BY LOCAL REG. OCT 27 '58
26. REGISTRAR'S SIGNATURE J Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Eleanor Bourne

Licensed Embalmer No. 3403

P. O. Address Jennings, Missouri

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.