

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042804

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3006

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville		c. CITY OR TOWN Ellisville 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Covert Lane		d. STREET ADDRESS (If outside, give location) Covert Lane	
3. NAME OF DECEASED (Type or print) First Mathilda Middle Margaret Last Covert		4. DATE OF DEATH Month Nov Day 17 Year 1958	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 26 1873
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 6 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing Home owner		10b. KIND OF BUSINESS OR INDUSTRY SEVEN OAKS	11. BIRTHPLACE (City and state or country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Macklin	
13b. MOTHER'S MAIDEN NAME Margaret (Unknown)		14. NAME OF HUSBAND OR WIFE Frank R. Covert	
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. no	
17. INFORMANT Frank Covert		Address Ellisville, 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) Generalized metastatic carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary carcinoma of sigmoid colon DUE TO (c) 153.3			INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 mos
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Oct. 1958 to Nov 1958 and last saw her him alive on 11/17/58 Death occurred at 10: PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H.C. Mc Murray M.D.		22b. ADDRESS Ballwin, Mo.	
22c. DATE SIGNED 11/18/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-18-58	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.		25. DATE RECD. BY LOCAL REG. 11-18-58	
26. REGISTRAR'S SIGNATURE Herbert G. Donker M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No.....

P. O. Address.....

Not 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.