Health, & Welfare Public Service

5. 300
1-57

4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042853
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2863

1. PLACE OF DEATH
a. COUNTY St, Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Manchester Mo. Inside Limits Yes ☐ No ☐

c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Manchester Nurs. Length of stay in Home 5 yr 2/6 d. STREET ADDRESS (If outside, give location) 3416 Wyoming Reside on Farm Yes ☐ No ☒

37

3. NAME OF DECEASED (Type or print) First Matilda Middle C. Last Melville

4. DATE OF DEATH Month Nov. Day 5 Year 1958

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH 1-27-1884

9. AGE (In years last birthday) 74 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) Louisville Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Nugent

13b. MOTHER'S MAIDEN NAME Delia Grady

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT Mable Melville Address 3416 Wyoming

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) CARDIO - VASCULAR DISEASE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SENILITY
DUE TO (c) — 422.1
INTERVAL BETWEEN ONSET AND DEATH ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 MAY 1, 1958, to NOV. 5, 1958 and last saw her alive on NOV. 5, 1958
Death occurred at 2:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B.R. Loving, M.D. O

22b. ADDRESS BALLWIN, Mo.

22c. DATE SIGNED 11-7-58

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

23b. DATE 11-8-1958

23c. NAME OF CEMETERY OR CREMATORY St. Peter& Paul Cem.

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR ADDRESS 3819 St. Grand Wingbermuehle Funeral Home

25. DATE RECD. BY LOCAL REG. 11-7-58

26. REGISTRAR'S SIGNATURE Herbert R. Domke 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 .....

Licensed Embalmer No. 4611

P. O. Address .....

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.