

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045572

STATE FILE NUMBER

12303

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 3825 FEDERER	
Length of stay in lb 66 yr		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last AGNES M. DE NEAL			4. DATE OF DEATH Month Day Year DEC 18 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 28 1892
9. AGE (In years last birthday) 66 yr		IF UNDER 1 YEAR Months Days Hours Min.	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	11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME MICHAEL HICKEY	
13b. MOTHER'S MAIDEN NAME MARY KEATING		14. NAME OF HUSBAND OR WIFE GEORGE DE NEAL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT GEROGE DE NEAL 3825 FEDERER
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF BREAST RT axillary pulmonary hepatic mesenteric metastasis with axillary pul. hepatic & Mesenteric metastases DUE TO (b) 170X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDITIS			INTERVAL BETWEEN ONSET AND DEATH 5/18
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 5/4/58 to 12/18/58 and last saw her/him alive on 12/18/58 Death occurred at 5:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Elmer G. Graul (Degree or title) M.D. Elmer G. Graul M.D.		22b. ADDRESS 2838 So. Grand Franklin Blvd.	
22c. DATE SIGNED 12/19/58		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE DEC 22 1958		23c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER CEMETERY	
23d. LOCATION (City, town, or county) ST. LOUIS CO. MO.		(State)	
24. FUNERAL DIRECTOR REIDERWITZEN F.H. INC. 1026 ST. LOUIS AVE.		25. DATE RECD. BY LOCAL REG. DEC 20 58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		30.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2838
2-4 PM

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 James H. Fritz

Licensed Embalmer No. 3882
P. O. Address 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.