

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045849
STATE FILE NUMBER
REGISTRAR'S NUMBER 11696

FILED DEC 22 1958

Registration District No. 318 Primary Registration District No. 1008

300
1-57

| | | | |
|---|-----------------------------|---|---|
| 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 Missouri, St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3859a McDonald | | d. STREET ADDRESS (If outside, give location) 3859a McDonald | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Julia P. Irwin | | 4. DATE OF DEATH Month Day Year Dec. 3, 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 Jan. 18, 1870 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) Missouri |
| 13a. FATHER'S NAME Wm. Suedemeyer | | 13b. MOTHER'S MAIDEN NAME Mary Schnider | 14. NAME OF HUSBAND OR WIFE Thomas Irwin |
| 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 Address Mildred Kern 3859a McDonald |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>years</u> <u>years</u> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 - - - - | | 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 <u>8-58</u> to <u>12-3-58</u> and last saw ^{her} <u>alive on 9-1-58</u> Death occurred at <u>145a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Edmond P. Reck MD</u> | | 22b. ADDRESS <u>4500 Oak St. Louis (8) Mo</u> | 22c. DATE SIGNED <u>12-4-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-5-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>DEC 4 '58</u> | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>mjb</u> |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RUBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Mr Ed. P. Reh
4500 Olive
10 to 12

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 *David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *St Louis Mo*

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.