THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003043
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 491

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Faith Hosp. — Length of stay in 1b 2-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS 5106 Wells Ave. (If outside, give location) — Reside on Far Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Agnes Last Healy
4. DATE OF DEATH Month Jan. Day 14 Year 1959
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 3, 1874
9. AGE (In years last birthday) 84 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Healy
14. MOTHER'S MAIDEN NAME Mary Donnelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-01-377
17. INFORMANT Address Miss Catherine Healy, 5106 Wells Ave.

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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bundle Branch Block — 4 yrs.
DUE TO (c) Hypostatic Pneumonia — 24 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis General 433.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year Jan 14 59
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 St. Louis COUNTY STATE Missouri
21. I attended the deceased from 1950, to Jan 14, 1959 and last saw her alive on 1/14/59
Death occurred at 5.50 a m on the date stated above; and to the best of my knowledge, from the causes stated
22a. SIGNATURE Anthony J. Vitale (Degree or title) M.D.
22b. ADDRESS 7130 National Bridge
22c. DATE SIGNED 1/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 16, 1959
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. JAN 15 '59
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Francis Williams

Licensed Embalmer No...

P. O. Address 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.