Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-003467
STATE FILE NUMBER
2 669

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

FILED FEB 4 1959

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis,
Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3521 Bingham Ave. Apt. 160
Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri.
b. COUNTY
c. CITY OR TOWN: St. Louis, 2159
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3521 Bingham Ave. Apt. 160
Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Mary Jane; Middle: ---; Last: Sanguinet

**4. DATE OF DEATH**: Month, Day, Year: Jan. 18, 1959.

**5. SEX**: Female

**6. COLOR OR RACE**: White

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

**8. DATE OF BIRTH**: December 1,1870

**9. AGE** (In years last birthday): 88
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): At home

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri.

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

**13a. FATHER'S NAME**: Henry Woods

**13b. MOTHER'S MAIDEN NAME**: Catherine Fitzwilliam

**14. NAME OF HUSBAND OR WIFE**: Ferdinand C. Sanguinet

**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.**: None

**17. INFORMANT**: Miss Estelle L. Sanguinet
Address: 3521 Bingham Ave. Apt. 160

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Arteriosclerotic Cardio Vascular Disease
INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 422.1
DUE TO (c):
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?** YES ☐ NO ☒

**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 5 JAN 57, to 18 JAN 59 and last saw her/him alive on 17 JAN 59
Death occurred at 6:36 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): John F. McCann MD.

**22b. ADDRESS**: 4401 HAMPTON

**22c. DATE SIGNED**: 20 JAN 59

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

**23b. DATE**: Jan. 21,1959

**23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis, Missouri.

**24. FUNERAL DIRECTOR**: Gebken-Benz Mortuary
ADDRESS: 2842 Meramec St. St. Louis, 18, Mo.

**25. DATE RECEIVED BY LOCAL REG.**: JAN 20 59

**26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Joe B Berry

Licensed Embalmer No. 4294

P. O. Address 2842 Meramec St. St. Louis, 18, 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.