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Doctor, Coroner, etc. must use only standard nomenclature in filling in. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003672
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: University City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 7331 Lindell Blvd. — Length of stay in Hospital: 55-yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: University City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7331 Lindell Blvd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Helena Middle: White Last: Hickenlooper

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

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: June 26,1900

9. AGE (In years last birthday): 58 — 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: HOUSEWIFE

11. BIRTHPLACE (City and state or country): Cincinnatti,Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward W.White

14. MOTHER'S MAIDEN NAME: Eugenia Darr

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 Address: Mr.George L.Hickenlooper,7331 Lindell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Artery, thrombosis of	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Myocardial Infarction, acute	1 day
DUE TO (c)	Coronary arteriosclerosis	6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1-6-54, to 1-4-59 and last saw her alive on 11-1-58. Death occurred at 11:45 am on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title): James R. Murphy, M.D.

22b. ADDRESS: 634 North Grand Blvd.

22c. DATE SIGNED: 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan.7,1959

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.: 1-5-59

26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Wm S. Salter

Licensed Embalmer No. 46

P. O. Address 384 Lin

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.