Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004044
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes # No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O'Sullivan Nu, Home — Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Normandy 4181 — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) 7626 Natural Br. — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print) First Mary Middle Florence Last Touhey

4. DATE OF DEATH Month Jan. Day 5 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED # WIDOWED DIVORCED
8. DATE OF BIRTH Aug. 15, 1873
9. AGE (In years last birthday) 85 — 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) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Mexico, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John Touhey
13b. MOTHER'S MAIDEN NAME Mary Hanley
14. NAME OF HUSBAND OR WIFE Single

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 Mary F. Touhey, Address Normandy, Mo.

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 Heart 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)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420C

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 Jan 4, 1959 to Jan 5, 1959 and last saw her alive on Jan 5, 1959
Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Lillmann (Degree or title) MD
22b. ADDRESS 8231 Clayton Rd (17)
22c. DATE SIGNED 1/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-8-59
23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.
23d. LOCATION (City, town, or county) (State) Florissant, Mo.

24. FUNERAL DIRECTOR White-Mullen Mortuary, ADDRESS Ferguson, Mo.
25. DATE RECD. BY LOCAL REG. 1-8-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4596

P. O. Address .....