

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007557

STATE FILE NUMBER

2 1766

FILED MAR 10 1959

Registration District No.

Primary Registration District No.

Registrar

Health,
Welfare
Public
Service

300
-57

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|--|----------------------------------|---|---|
| 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 St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp. | | Length of stay in 1b 1 day | d. STREET ADDRESS (If outside, give location) 2701 No. 9th. Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First BERTHA Middle N. Last RAY | | | 4. DATE OF DEATH Month February Day 16 Year 1959 |
| 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 August 30, 1903 |
| 9. AGE (In years last birthday) 55 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 11. BIRTHPLACE (City and state or country) Whiting, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Nat Traylor | | 13b. MOTHER'S MAIDEN NAME Ida May Lewis | 14. NAME OF HUSBAND OR WIFE deceased |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs. Carrie Heffner Address 5655 Maple Avenue |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Emphysema, obstructive DUE TO (c) Chronic Bronchitis 502.0 | | | INTERVAL BETWEEN ONSET AND DEATH minutes |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <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 2/18/59 to 2/18/59 and last saw her alive on 2/16/59 Death occurred at 5:20pm 2/16/59 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE William N. Blalock, M.D. | | 22b. ADDRESS 114 N. Taylor Ave. | |
| 22c. DATE SIGNED 2/18/59 | | 22d. (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 2-20-59 | |
| 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 23d. LOCATION (City, town, or county) Normandy, Missouri. | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair | | 25. DATE RECD. BY LOCAL REG. FEB 19 '59 | |
| 26. REGISTRAR'S SIGNATURE Loant Smith, M.D. | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clement M. Neary*

Licensed Embalmer No. *3732*.....
P. O. Address *St. Louis*

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.