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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007991
STATE FILE NUMBER

FEB 24 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Belridge — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Sunland 8040 8 — Inside Limits Yes ☒ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3750-E-Edgar Av — Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 9958-Wornom St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Eva	Middle: Ruby	Last: Irvine	4. DATE OF DEATH Month Day Year: Feb. 12, 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: June 22, 1880
9. AGE (In years last birthday): 78	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): Seamstress	10b. KIND OF BUSINESS OR INDUSTRY: Garments	11. BIRTHPLACE (City and state or country): Boston, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joseph Reedy	13b. MOTHER'S MAIDEN NAME: Elizabeth Bishop	14. NAME OF HUSBAND OR WIFE: Edward J. Dcd.	
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. 490-03-4449	17. INFORMANT Ruby Jones — Address 9958-Wornom Sunland, Cal	

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) Myocardial Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Degeneration

DUE TO (c) General Coronary Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

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 ☒

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 2/12/59, to ____ and ~~last saw her/him alive on~~ was dead on [illegible]
Death occurred at 7:30 AM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. C. M. Salerno DO	22b. ADDRESS 7320 [illegible]	22c. DATE SIGNED 2/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 2-14-1959	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory	23d. LOCATION (City, town, or county) (State): Wellston, Mo.
24. FUNERAL DIRECTOR ADDRESS: Bellmann Bros. Inc. 2504-Woodson Rd-Overland-14-Mo.	25. DATE RECD. BY LOCAL REG.: 2-13-59	26. REGISTRAR'S SIGNATURE: John C. Murphy MD/PA	

(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 David E. Gibson

Licensed Embalmer No. 3487

P. O. Address Overland 14

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.