

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007994

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 456

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridgeton, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bridgeton, Dr. 4280
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3466 Falcon, Dr.		Length of stay in lb 1 1/2 Yrs.	d. STREET ADDRESS (If outside, give location) 3466 Falcon, Dr.
3. NAME OF DECEASED (Type or print) First Middle Last Mary A. King			4. DATE OF DEATH Month Day Year Feb. 16, 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 Sept. 18, 1867
9a. AGE n years last birthday 94		9b. F UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Madison Co. Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Young	13b. MOTHER'S MAIDEN NAME SARAH SUTTON Unknown
14. NAME OF HUSBAND OR WIFE Samuel		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil.	16. SOCIAL SECURITY NO. None
17. INFORMANT Walter King, 3466 Falcon, Dr. Bridgeton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis generalis</u> 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) _____			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
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.) 4500	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Sept 1, 1957</u> to <u>2/13/59</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>2/13/59</u> Death occurred at <u>7:30 AM 2/16/59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. Koller</u>	
22b. ADDRESS <u>2438 Woodson Rd</u>		22c. DATE SIGNED <u>2/16/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-18-59	23c. NAME OF CEMETERY OR CREMATORY <u>POLK LOCAL</u>	23d. LOCATION (City, town, or county) (State) <u>Ironton, Mo. LIBERTY</u>
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>

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 .....  
*Robert H. Murray*

Licensed Embalmer No. *3740*

P. O. Address .....  
*St. Louis 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.