

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010965

STATE FILE NUMBER

2,2999

FILED APR 6 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 Masonic Home of Mo.				Length of stay if in hospital 4-11-59 to 3-24-59		d. STREET ADDRESS (If outside, give location) 5351 Delmar Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		First Mamie		Middle		Last Greer		4. DATE OF DEATH Month 3 Day 24 Year 59
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 28, 1870		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mr. Pendarvois				14. MOTHER'S MAIDEN NAME Wingate				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Masonic Home of Mo. 5351 Delmar Boulevard				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION							INTERVAL BETWEEN ONSET AND DEATH ONE HOUR	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE				3 YEARS		
		DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED				3 YEARS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) 420-0					
20c. TIME OF INJURY Hour _____ Month, Day, Year 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 1-56 to 3-24-59 and last saw her ^{per} him ^{her} alive on 3-23-59 Death occurred at 5:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Robert A. Hall, M.D.				22b. ADDRESS 3902 Lafayette Ave		22c. DATE SIGNED 3/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/25/59	23c. NAME OF CEMETERY OR CREMATORY Lake Wood Park Cem		23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri			
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blv				25. DATE RECD. BY LOCAL REG. MAR 25 '59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

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 *Joe E. McCulloch*.....

Licensed Embalmer No. *24*

P. O. Address *L. I. Hotel*

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.