

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011621  
STATE FILE NUMBER

9x  
MAR 19 1959 Registration District No. 317 Primary Registration District No. 571 Registrar's No. 106

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 Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Arbor Terrace 4150		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) 3706 Nelson Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MAY MAGINNIS			4. DATE OF DEATH Month Day Year Mar. 16, 1959		
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1892 May 14, 1902	9. AGE (In years) (last birthday) 56 66 Months 10 Days 2 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard Operator		10b. KIND OF BUSINESS OR INDUSTRY Aalco Wrecking Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Rene DeYonghe		13b. MOTHER'S MAIDEN NAME Katherine McBrien		14. NAME OF HUSBAND OR WIFE Raphael	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-26-4729	17. INFORMANT Address William R. Maginnis 2230 St. Clair		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEURO-CIRCULATORY COLLAPSE DUE TO (b) SEVERE STRESS REACTION DUE TO (c) MULTIPLE FRACTURES 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
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury, place, and exact time) ITEM 219 CORRECTED BY: 1. AFFIDAVIT OF Funeral Director 2. DOCUMENT Same birth cert. # 14510 Filed St. Louis 12-28-1915			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 Mar. 13, 1959 to Mar. 16, 1959 and last saw her alive on Mar. 16, 1959 Death occurred at 10:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. B. Holley (Degree or title) M.D.			22b. ADDRESS 601 S. Brentwood, Clayton, Mo.		22c. DATE SIGNED 3-16-59
23a. PLACE OF BURIAL Burial		23b. DATE 3/16/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Chas. F. Stuart		ADDRESS 1225 Union		25. DATE RECD. BY LOCAL REG. 3-17-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS MAR 25 1959

VS APR 3 1959

**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 Harvey Kable .....

Licensed Embalmer No. 4596 .....

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.