Health,
Welfare
Public
Service

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011630
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 756

1. PLACE OF DEATH
a. COUNTY: SAINT LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): CLAYTON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CO. HOSP. — Length of stay in lb: 1 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: ST LOUIS
c. CITY OR TOWN: LEMAY (25) 4870 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 315 FORBES AVE (25) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lucy — Middle: — Last: Ockaley
4. DATE OF DEATH: Month 3 Day 19 Year 59

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: FEB 19, 1875
9. AGE (In years last birthday): 84 — 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): NONE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): MT. VERNON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ? RUTHERFORD
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: (DECEASED)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JOSEPH TATE — Address: 315 FORBES AVE (LEMAY (25) Mo

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): Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Pyelonephritis
DUE TO (c): 6000
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): Generalized Arteriosclerosis - Marked

19. WAS AUTOPSY PERFORMED? YES [X] 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 2-19-59, to 3-19-59 and last saw her/him alive on 3-19-59
Death occurred at 4:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. W. Garrison, Jr. M.D.
22b. ADDRESS: 601 So. Brentwood
22c. DATE SIGNED: 3-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR. 23, 1959
23c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEMETERY
23d. LOCATION (City, town, or county): LEMAY (25) — (State): Mo

24. FUNERAL DIRECTOR: FENDLER UND. CO. — ADDRESS: 7420 MICHIGAN (11)
25. DATE RECD. BY LOCAL REG.: 3-21-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Peterson

Licensed Embalmer No. 3767

P. O. Address 74 no Michigan

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.