Health, Welfare Public Service

300
1-57
0
6 4
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014635
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3613

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST LOUIS, Inside Limits Yes [X] No [ ]	c. CITY OR TOWN ST LOUIS, Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2850 NO. UNION Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2850 NO. UNION BLVD Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: MARY [illegible] CATHERINE ASHTON		4. DATE OF DEATH Month Day Year: APRIL 11, 1959	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: JUNE 2[illegible], 1891
9. AGE (In years last birthday): 87	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): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): ST LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN GALLAGHER	13b. MOTHER'S MAIDEN NAME: MARY UNKNOWN	14. NAME OF HUSBAND OR WIFE: JOSEPH ASHTON	
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.: NONE	17. INFORMANT Address: JOSEPH ASHTON 2850 NO. UNION	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Cardiac arrest

IMMEDIATE CAUSE (a) Cardiac Arrest

C. V. D. with hypertension

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

DUE TO (b) CVD & hypertension — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

DUE TO (c) 443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): atypical virus pneumonia

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 4-6-59 to 4-11-59 and last saw her/him alive on 4/6/59

Death occurred at 4:00 a.m. 4 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jos. F. Trigg (Degree or title) M.D. — Joseph F. Trigg, M.D.

22b. ADDRESS 7165 Delmar — 7165 Delmar Blvd.

22c. DATE SIGNED 4/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 4/14/59	23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI
24. FUNERAL DIRECTOR ADDRESS: STROOT - CARROLL 4600, NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG.: APR 14 '59	26. REGISTRAR'S SIGNATURE: Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

M.J.B.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr [illegible] - F Trigg
7165 Delmar
Pa 5-7744

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 ..... Signed M W Rueter
Signature of Student Embalmer

Licensed Embalmer No. 4865
P. O. Address St Louis M

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.