

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015380

STATE FILE NUMBER
2 3696

FILED MAY 1 1959

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

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1-57
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6
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>GEITNER HOME</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>5000 S BROADWAY</i> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>IDA</i> Middle Last <i>MACKAY</i>			4. DATE OF DEATH Month <i>APRIL</i> Day <i>12</i> Year <i>1959</i>		
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5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN 22, 1868</i>	9. AGE (In years) <i>91</i> (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>OHIO</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>-----ALTHELT</i>	13b. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>RICHARD</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT Address <i>DOROTHY HUTCHINGS 19 GRANADA WAY</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary arteriosclerosis</i>	<i>10 years</i>
	DUE TO (c) <i>Diabetes mellitus 260X</i>	<i>10 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral arteriosclerosis</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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
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21. I attended the deceased from <i>February 1958</i> to <i>4/9/59</i> and last saw her alive on <i>4/9/59</i> Death occurred at <i>7:00 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Norman P. Knowlton MD</i>	22b. ADDRESS <i>3720 Washington St Louis Mo.</i>	22c. DATE SIGNED <i>4/14/59</i>
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23a. BURIAL, CREMATION, REMOVAL <i>ENTOMBMENT</i>	23b. DATE <i>4/15/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OAK GROVE MAUSOLEUM</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>	25. DATE RECD. BY LOCAL REG. <i>APR 14 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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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 *Wald Benz*

Licensed Embalmer No. *4863*

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.**