

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016149

STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 998

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Richmond Heights | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp | | Length of stay in lb DAYS | d. STREET ADDRESS (If outside, give location) 3016a Henrietta |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mary A Ament | | | 4. DATE OF DEATH Month Day Year Apr 10 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 4 1879 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 9. AGE (In years last birthday) 80 |
| 11a. FATHER'S NAME John O'Connor | | 11b. MOTHER'S MAIDEN NAME Mary | 9. AGE (In years last birthday) 80 |
| 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 Gertrude Deharb 1 New Lane Creve Coeur Mo |
| 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>Pneumococcal Lobar Pneumonia</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 days.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arterio sclerotic Heart Disease</i> | | | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>490 X</i> | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>March 29, 1959</i> to <i>April 10, 1959</i> and last saw her alive on <i>April 10, 1959</i> Death occurred at <i>8:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Martin H. Quisenberry M.D.</i> | | 22b. ADDRESS <i>634 N Grand Blvd</i> | 22c. DATE SIGNED <i>4-10-59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>Apr 13 59</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>St. Monica</i> |
| | | 23d. LOCATION (City, town, or county) <i>St. Louis Cty Mo.</i> | (State) |
| 24. FUNERAL DIRECTOR <i>E.J. Schnur</i> | | ADDRESS <i>3125 Lafayette</i> | 25. DATE RECD. BY LOCAL REG. <i>4-12-59</i> |
| | | 26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i> | |

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*
P. O. Address *3125 Lafayette*

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.