

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016301
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1013

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1-57

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000 MANCHESTER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Homes		Length of stay in 1b 10 yrs.	d. STREET ADDRESS (If outside, give location) PINE CREST HOMES Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elnora Middle Last Hall			4. DATE OF DEATH Month March Day 31 Year 1959.		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1883	9. AGE (In years last birthday) 75	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) UNK.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNK.	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE UNK.
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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) NO	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Address Pine Crest Nursing Home Manchester, Mo.
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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) Basal Cell Epithelioma of right face Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 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 1913
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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 3-3-59 to 3-31-59 3-31-59	COUNTY 3-31-59	STATE
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21. I attended the deceased from 3-3-59 to 3-31-59 and last saw her/him alive on 3-31-59 Death occurred at 3.20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Allen M. Kearney M.D. (Degree or title)	22b. ADDRESS 7308 Heales Rich Hill Mo	22c. DATE SIGNED 4-3-59
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23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE 3-31-59	23c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BOARD	23d. LOCATION (City, town, or county) (State) ST. LOUIS UNIV. ST. LOUIS
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24. FUNERAL DIRECTOR Rowland Aker Mortuary 4104 Manchester Ave. St. Louis 10, Mo.	25. DATE RECD. BY LOCAL REG. 4-8-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No.....

P. O. Address.....

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.