

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016325

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 517 Primary Registration District No. 500 Registrar's No. 1042

| | | | | | |
|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SYCAMORE HILLS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>SYCAMORE HILLS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2460 ASHLAND</u> | | Length of stay in lb <u>YRS.</u> | d. STREET ADDRESS <u>2460 ASHLAND</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>MARIE</u> ^{First} <u>A</u> ^{Middle} <u>LESTER</u> ^{Last} | | | 4. DATE OF DEATH Month <u>4</u> Day <u>16</u> Year <u>1959</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>UNK 7/10/24</u> | 9. AGE (In years last birthday) <u>67 YRS</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and state or country) <u>MOBERLY MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>WEYNACHT</u> | | | 14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT <u>BENJ. H. LESTER 2460 ASHLAND</u> Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> | | | | | <u>5 yr</u> |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> | | | | | 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 _____ 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 COUNTY STATE | |
| 21. I attended the deceased from <u>10-1-58</u> to <u>4-16-59</u> and last saw her alive on <u>3-16-59</u> Death occurred at <u>4:15 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>H. W. Moller M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>2438 Woodson St</u> | | 22c. DATE SIGNED <u>4/17/59</u> |
| 23a. DATE <u>4-20-59</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u> | | 23d. LOCATION (City, town, or county) (State) <u>ST LOUIS Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>EARL HILLOMAN 5709 LACKLAND, OVERLAND MO</u> | | | 25. DATE RECD. BY LOCAL REG. <u>4-18-59</u> | | 26. REGISTRAR'S SIGNATURE <u>John C. Murgas, M.D.</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. 350.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.