

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022644

STATE FILE NUMBER  
2 5884

FILED JUL 2 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

300  
1-57

71

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Edwardsville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish</b>		Length of stay in 1b <b>3 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>R.R. 4</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last  
**Margaret Mary Andrews**

4. DATE OF DEATH Month Day Year  
**June 20, 1959**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH **6-29-1877** 9. AGE (In years last birthday) **81**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
**11 20**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **at home** 11. BIRTHPLACE (City and state or country) **Lebanon Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Groshong Huard** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Steve Andrews**

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 **Steve Andrews** Address **111. R.R. 4 Edwardsville**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary occlusion**  
DUE TO (b) **Generalized arteriosclerosis**  
DUE TO (c) **years**

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Amputation of rt leg.** 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **4861**

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

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 **5-30-59**, to **6-20-59** and last saw <sup>her</sup> <sub>him</sub> alive on **9:20 p.m. 6-20-59**  
Death occurred at **9:20 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M. Norman Dye M.D.** 22b. ADDRESS **100 North Euclid** 22c. DATE SIGNED **6/22/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/23/59** 23c. NAME OF CEMETERY OR CREMATORY **Bellefontain** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR **Harvey J. Smith** ADDRESS **Madison, Illinois** 25. DATE RECD. BY LOCAL REG. **JUN 22 59** 26. REGISTRAR'S SIGNATURE **Lois Smith M.D.**

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

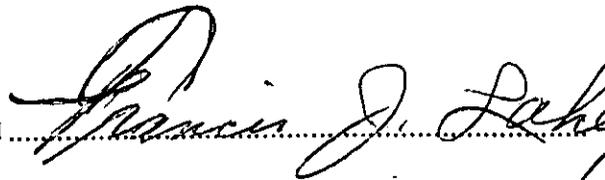
MEDICAL CERTIFICATION

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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. 2792.....

P. O. Address...Madison, Illinois

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.