

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023456

STATE FILE NUMBER

2 5791

FILED JUL 1 1959

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

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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>		c. CITY OR TOWN <i>ST. LOUIS, MO.</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS HOSPITAL #1.</i>		d. STREET ADDRESS (If outside, give location) <i>517 GRATIOT</i>	

3. NAME OF DECEASED (Type or print) First <i>MAMIE</i> Middle Last <i>TERPILING</i>			4. DATE OF DEATH Month <i>5</i> - Day <i>27</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 type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>10/22/92</i>	9. AGE In years (birthday) <i>66</i>	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>UNKNOWN</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>??</i>	11. BIRTHPLACE (City and state or country) <i>IOWA</i>	12. CITIZEN OF WHAT COUNTRY? <i>??</i>
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13a. FATHER'S NAME <i>LOUIS GRIFFITH</i>	13b. MOTHER'S MAIDEN NAME <i>EMMA MOORE</i>	14. NAME OF HUSBAND OR WIFE
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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>??</i>	16. SOCIAL SECURITY NO. <i>??</i>	17. INFORMANT <i>ST. LOUIS CITY HOSP. #1.</i> Address
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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>Renal Failure, acute</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Shock</i>	
	DUE TO (c) <i>Carcinomatous</i> <i>199.2</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	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
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21. I attended the deceased from <i>5-15-1959</i> to <i>5-27-1959</i> and last saw her alive on <i>5-27-1959</i> Death occurred at <i>8:25 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Cuthbert A. Smith M.D.</i> (Do, see or title)	22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	22c. DATE SIGNED <i>5-27-1959</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rowland Aker Mortuary Service</i>	23b. DATE <i>6-30-1959</i>	23c. NAME OF CEMETERY OR CREMATORIA <i>Anatomical Board</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR <i>4104 Manchester Ave. St. Louis 10, Mo.</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>JUN 18 59</i>	26. REGISTRAR'S SIGNATURE <i>Leon Smith M.D.</i>
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*M. B. B.*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

**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.**