

FILED VS AUG 17 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026991

STATE FILE NUMBER

2 7058

K-97

Registration District No.

Primary Registration District No.

Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 43560 University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 6953 Etzel Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Kathryn E. Muccigrosso			4. DATE OF DEATH Month Day Year July 28, 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 Dec. 6, 1883	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months Days Hours Min. 7 22
10a. USUAL OCCUPATION (Give kind of work done lying most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Omaha, Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Maurice Shea		13b. MOTHER'S MAIDEN NAME Mary K. Welch		14. NAME OF HUSBAND OR WIFE	
15. (Yes, AS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 1876		16. SOCIAL SECURITY NO.	17. INFORMANT Address Frank Shea 6949 Etzel Ave.		
8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute Cardiac De-compensation</i>				INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic Heart disease</i>				2 yrs	
DUE TO (c)				420.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Renal failure due to arteriosclerosis</i>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. 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 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 COUNTY STATE	
21. I attended the deceased from <i>Jan 1959</i> to <i>7/28/59</i> and last saw her <sup>her</sup> alive on <i>7/24/59</i> Death occurred at <i>3:00</i> A M on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. D. M'Calland MD</i> (Degree or title)			22b. ADDRESS <i>8515 Delmer</i>		22c. DATE SIGNED <i>7-29-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7/31/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
24. FUNERAL DIRECTOR <i>Chas. F. Stuart</i>		ADDRESS <i>1225 Union Bl.</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 30 1959</i>	26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

S.P.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Robert

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

P. O. \_\_\_\_\_  
OWN HANDWRITING. (Failure to c

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