

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034345

FILED OCT 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8802** STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before death, if institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Normandy</i>	
FULL NAME OF (If-NOT in hospital, give location) HOSPITAL OR NURSING HOME <i>Norman DeLooge Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>7626 Natural Bridge</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Agnes Spann</i>		4. DATE OF DEATH Month Day Year <i>9 23 59</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/11/22</i>
9. AGE (last birthday) <i>87</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <i>Ret. Home</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Allen</i>		14. MOTHER'S MAIDEN NAME <i>Margaret O'Rourke</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Marie Bender</i>		Address <i>2107 S. Grand</i>	
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>Pulmonary edema</i> DUE TO (b) <i>Anterior-lentis Heart Disease</i> DUE TO (c) <i>420.0</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>Hours</i> <i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pneumonia atelectasis</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. 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	
21. I attended the deceased from <i>Sept 21</i> to <i>Sept 23</i> and last saw <i>her</i> alive on <i>Sept 23, 1959</i> Death occurred at <i>8:00 p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William J. Ferry, M.D.</i>		22b. ADDRESS <i>1325 So. Grand</i>	
22c. DATE SIGNED <i>9-24-59</i>		22d. ADDRESS (City, town, or county) (State) <i>St. Louis Mo.</i>	
23a. SERIAL, CREMATION, OR BURIAL (Specify)	23b. DATE <i>9-25-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>	
23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		23e. DATE RECD. BY LOCAL REG. <i>SEP 24 '59</i>	
24. FUNERAL DIRECTOR <i>Rev. F. Street Union</i>		26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>	

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 James Binkley

Licensed Embalmer No. _____

P. O. Address St. Louis

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.