

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034808

FILED VS SEP 28 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 560 Registrar's No. 2509

INDEXED

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>Rural Wellston</u>	Length of stay in 1b <u>7 1/2 hrs.</u>	c. CITY OR TOWN <u>Normandy</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>St. Vincent's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>#69 Greendale Drive</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>McCoy</u> Last <u>McCoy</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3/9/88</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>6</u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Champaign, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>JESSE (DECEASED)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address <u>Mrs. Leo Tynan, dgtr. 69 Greendale Dr</u>			

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>21 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUPLICATE (b) <u>Generalized Arteriosclerosis</u>	
	DUPLICATE (c) <u>Generalized Osteoarthritis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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 9-20-59-10:30 A.M. 9-20-59 and last saw her her alive on 9-20-59
Death occurred at 6:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.E. Kutschera M.D. 22b. ADDRESS 7301 St. Charles Rock Rd. 22c. DATE SIGNED 9/20/59

23a. FUNERAL CREMATION BURIED 23b. DATE 9-23-59 23c. NAME OF CEMETERY OR ELMWOOD 23d. LOCATION (City, town, or county) (State) CENTRALIA, ILL.

24. FUNERAL DIRECTOR Garnier Funeral Home, Centralia, Ill. ADDRESS 25. DATE RECD. BY LOCAL REG. 9-21-59 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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
or by Pat Embalmer, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kusly
Licensed Embalmer No. 95411

P. O. Address Elk Lanes

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.