URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038469

STATE FILE NUMBER

FILED NOV 2 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2773

MENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester
Length of stay in 1b 2 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Nursing Home # 1
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jefferson
c. CITY OR TOWN DeSoto
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 802 E Third St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Florence Middle Mary Last Declue

4. DATE OF DEATH Month Oct. Day 20 Year 1959

5. SEX F
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/12/93
9. AGE (last birthday) 66
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, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Frank Declue
13b. MOTHER'S MAIDEN NAME Cornelia Reed
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-14-4965
17. INFORMANT Bridget Burnside Address DeSoto, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Alcoholism ?

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

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

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 10-7-59 to 10-20-59 and last saw her him alive on 10-15-59
Death occurred at 7½ a.m. 10-20-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Allen McNamee (Degree or title) MD
22b. ADDRESS 7308 Gravois Bridgeton Mo
22c. DATE SIGNED 10-20-59

23a. FINAL DISPOSITION Burial
23b. DATE 10/23/59
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) DeSoto (State) Mo.

24. FUNERAL DIRECTOR J. Lee Mothershead ADDRESS DeSoto, Mo.
25. DATE RECD. BY LOCAL REG. 10-20-59
26. REGISTRAR'S SIGNATURE John C. Manfly M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Andrew H. Englan

Signature of Student Embalmer

Licensed Embalmer No. 4745

P. O. Address De Soto, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.