

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038472

FILED VS. OCT 19 1959

317

Primary Registration District No.

500

Registrar's No.

2603

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) Creve Couer Lo.		a. STATE Mo.		b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Evergreen Nurs. Home		Length of stay in 1b 3 Yr		c. CITY OR TOWN St. Louis Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 3713 Hebert St.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MARGARET		Middle G.		Last DOWLING		Month Day Year Sept. 30, 1959	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 8 1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 5 Days 22		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retr. School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Dowling			13b. MOTHER'S MAIDEN NAME Margaret Mahoney			14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Wm Cave 3657 St. Largariette Ln.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		Cerebral Vascular accident					1 Mo.
DUE TO (b)		Generalized Atherosclerosis					3 yrs plus
DUE TO (c)		331X					
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.
Personality Sharp Decline							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)			
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 approx Oct 5 to Present and last saw her alive on 9-22-59 Death occurred at 803 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Wm D Schermer Md				22b. ADDRESS 4161 Lindell		22c. DATE SIGNED 10-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Oct. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)
24. FUNERAL DIRECTOR A.H. Bocklage F.H. 6536 Clayton Rd				25. DATE RECD. BY LOCAL REG. OCT 1 1959		26. REGISTRAR'S SIGNATURE John C. Murphy Md	

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

Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address ST Louis Mo

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.