

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041480

FILED VS NOV 24 1959

316

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 434

ENDED

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>City of St. Louis</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>27Y; 10M; 6das.</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>City Sanitarium-5400 Arsenal</b>		Reside on Farm No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>SYLVIA</b> Middle <b>F.</b> Last <b>HOUSE</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>8,</b> Year <b>1959</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 20, 1897</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>19</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Hillsboro, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>C. Foster</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Clarence House</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Records, State Hospital No. 4, Farmington, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal pneumonia - - - - -</b>							INTERVAL BETWEEN ONSET AND DEATH <b>abt. two</b> das.			
DUE TO (b) <b>Far advanced bilateral pulmonary tuberculosis - - 5 yrs.</b>										
DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Psychosis due to organic brain disease.</b>					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 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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>			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 <b></b>		COUNTY <b></b>	STATE <b></b>
21. I attended the deceased from <b>Nov. 6, 1959</b> to <b>Nov. 8, 1959</b> and last saw <b>her</b> alive on <b>Nov. 8, 1959</b> Death occurred at <b>7:30 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <i>J. A. Brennan, M.D.</i>				22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>			22c. DATE SIGNED <b>11-8-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Germania Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Francois County, Mo.</b>				
24. FUNERAL DIRECTOR ADDRESS <b>Best Boyer Funeral Home, Leadwood, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Nov 8, 1959</b>		26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 24 1959

MAR 29 1960

**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 W. L. Boyer

Licensed Embalmer No. 3445  
P. O. Address Leadwood

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.