URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042847
STATE FILE NUMBER

FILED VS DEC 3 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3040

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St/ Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 22 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Mason Road — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First MAUD Middle WITHNELL Last HAGER
4. DATE OF DEATH: Month November Day 16 Year 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct. 23, 1882
9. AGE (last birthday): 77 — 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): athome
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William W. Withnell
13b. MOTHER'S MAIDEN NAME: Mary C. Herdel
14. NAME OF HUSBAND OR WIFE: Richard G. Hager
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.: unk.
17. INFORMANT: John W. Hager, Mason Rd., Kirkwood 22 — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular Arrhythmia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteria Sclerotic Heart Disease
DUE TO (c) Generalized Arteriosclerosis
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)

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 Nov. 14, to Nov. and last saw her/him alive on Nov. 15
Death occurred at 11:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard J. Dames (Degree or title) MD
22b. ADDRESS 9313 Manchester
22c. DATE SIGNED 11/16

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 11-18-1959
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton & Sons-7233 Delmar
25. DATE RECD. BY LOCAL REG.: 11-16-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arnold W. Schoene

Signature of Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis,

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

WO 2-2170