

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042919

FILED VS DEC 3 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3179

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy	Length of stay in lb 5 days	c. CITY OR TOWN St. Louis 35,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 421 Calverton Rd.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Martha Middle Last Latal			4. DATE OF DEATH Month November Day 29 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 2, '94	9. AGE (last birthday) 65	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) Pittsburgh, Kansas;		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Adolph Stolpe		13b. MOTHER'S MAIDEN NAME Emily Schallow		14. NAME OF HUSBAND OR WIFE Frank Latal		
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 Frank Latal 421 Calverton Rd.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 72 hrs.
DUE TO (b) Respiratory distress		
DUE TO (c) Hepatic Coma		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Head of Pancreas		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 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 5:30 Month, Day, Year 11/29/57 a.m. p.m.		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 11/28/57 to 11/29/57 and last saw her live on 11/29/57
Death occurred at 5:30 h on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N. A. Gardner MD		22b. ADDRESS 917 Airport Rd		22c. DATE SIGNED 11/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-1-59	23c. NAME OF CEMETERY OR CREMATORY MT. LEBANON		23d. LOCATION (City, town, or county) (State) ST. LOUIS, Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS WHITE-MULLEN 118 N. FLORISSANT		25. DATE RECD. BY LOCAL REG. 11-30-59		26. REGISTRAR'S SIGNATURE John P. 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reschold Johnson

Licensed Embalmer No. 3396

P. O. Address St. Louis 357

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.