

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004420
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STATE FILE NUMBER

FILED VS. FEB 1 1960

Registration District No. _____ Primary Registration District No. 544 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u>		Length of stay in 1b <u>HRS</u>		c. CITY OR TOWN <u>Kirkwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>421 W. Woodbine</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <u>CATHERINE RAGAN</u>				4. DATE OF DEATH Month Day Year <u>Jan. 7, 1960</u>															
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-16-1888</u>		9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>St. James, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>Joseph Grotha</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Rummel</u>				14. NAME OF HUSBAND OR WIFE <u>James M. RAGAN</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Robt. Dawson-R.R. 1, Fenton, Mo.</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Infectious Heart Disease</u> DUE TO (b) <u>Coronary Artery Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diphtheria Mellitus</u>										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 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 <u>7/1/59</u> to <u>1/7/60</u> and last saw her alive on <u>1/6/60</u> Death occurred at <u>9:15</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>Charles Burnett M.D.</u>						22b. ADDRESS <u>206 W Argonne</u>				22c. DATE SIGNED <u>22 1/7/60</u>									
23a. CREATION OF RECORD <u>REMOVAL</u>		23b. DATE <u>1-11-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Bridgets</u>				23d. LOCATION (City, town, or county) (State) <u>Pacific, Mo.</u>											
24. FUNERAL DIRECTOR ADDRESS <u>Pfztinger Mort. Kirkwood 22, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>1-10-60</u>		26. REGISTRAR'S SIGNATURE <u>John W. Murphy</u>											

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 Bernard Hoffman

Licensed Embalmer No. 1136

P. O. Address 1136

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.