

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004429

FILED VS FEB 1 1960

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 248

STATE FILE NUMBER

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 Maplewood		Length of stay in 1b 35 Yrs.		c. CITY OR TOWN Maplewood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7469 Hazel Ave			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7469 Hazel Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ella Middle R Last Catlin				4. DATE OF DEATH Month Jan. Day 23 Year 1960					
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH March II 1872	9. AGE (last birthd..y) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or coun: y) Oswego Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William R. Kingsberry			13b. MOTHER'S MAIDEN NAME Hattie Cozier			14. NAME OF HUSBAND OR WIFE Charles R. Catlin			
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. No.		17. INFORMANT 7469 Hazel Ave Miss Hattie Catlin Maplewood Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis (RT)							INTERVAL BETWEEN ONSET AND DEATH 3 hr 45 min		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis							2 1/2 da 19 hr		
DUE TO (c) Arterio sclerosis							30 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Semility						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 1-1-60 to 1-22-60 and last saw her ^{her} _{him} alive on 1-22-60 Death occurred at 6:45 a.m. 1-23-60 on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) H. S. Swokey M.D.				22b. ADDRESS 2827 Kae Leds		22c. DATE SIGNED 1-23-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Remove		23b. DATE Jan. 26 1960	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		23d. LOCATION (City, town or county) Exeter Mo.		STATE		
24. FUNERAL DIRECTOR Louis H. Bopp Inc				ADDRESS 15 Kirkwood		25. DATE RECD. BY LOCAL REG. 1-25-60		26. REGISTRAR'S SIGNATURE John B. 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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Kirkwood

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