URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008185

STATE FILE NUMBER

FILED VS FEB 25 1960

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1381

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis (11) — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 7327a Michigan Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: Sint Louis (11) — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7327a Michigan Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ESTELLA — Middle: MARY — Last: FENDLER

4. DATE OF DEATH: Month: Feb. — Day: 5. — Year: 1960

5. SEX: Female — 6. COLOR OR RACE: White — 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ — 8. DATE OF BIRTH: 8/21/90 — 9. AGE (last birthday): 69 — 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): Housework — 10b. KIND OF BUSINESS OR INDUSTRY: At Home — 11. BIRTHPLACE (City and state or country): St. Louis, Mo. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Christ Henne — 13b. MOTHER'S MAIDEN NAME: Susan Poster — 14. NAME OF HUSBAND OR WIFE: Joseph P. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): None — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Rita Brady — Address: 7506 Pennsylvania Ave. (11)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arterio-sclerotic heart disease	2 yrs.
DUE TO (c)	with myocardial damage. 420.0	

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 Jan. '59 to Feb 5-60 and last saw her alive on Feb. 4-60

Death occurred at 7:00 a.m. the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. O'Sullivan, M.D. — 22b. ADDRESS: 7629 Ivory ave. — 22c. DATE SIGNED: 2-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: Feb. 8, 1960 — 23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery — 23d. LOCATION (City, town, or county): Lemay (25) — (State): Mo.

24. FUNERAL DIRECTOR: Fendler Und. Co. — ADDRESS: 7420 Michigan Ave. (11) — 25. DATE RECD. BY LOCAL REG.: FEB 6 1960 — 26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Dr Geo. O'Sullivan
7621 Ivory Ave
2 to 4

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_____ Signed W. G. Peterson
Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Mi

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