URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 10 1960

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Registration District No. 317 Primary Registration District No. 542 Registrar's No. 587

60-009216
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Ferguson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Length of stay in 1b DAYS

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hill Top Nursing Home — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 8795 Goodfellow Blvd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JANE Middle FRANCES Last ELMS

4. DATE OF DEATH Month Feb Day 20 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/3/1874

9. AGE (last birthday) 85

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) xxxxx

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (City and state or country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Andrew Ferry

13b. MOTHER'S MAIDEN NAME Jane Gregory

14. NAME OF HUSBAND OR WIFE Edward C. Elms (decease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXXXX (If yes, give war or dates of service) XXXXXXXXXXX

16. SOCIAL SECURITY NO. XXXXXXXXXX

17. INFORMANT Miss Ina Elms Address 8795 Goodfellow

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH – ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 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 12-1960, to Feb 20-1960 and last saw her alive on Feb 20-1960.

Death occurred at 2 45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John G McInerney (Degree or title) MD

22b. ADDRESS 5014 Thekla Av

22c. DATE SIGNED 2/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 2/23/1960

23c. NAME OF CEMETERY OR CREMATORY Calvary

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR JOHN STYGAR & SON ADDRESS 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG. 2-22-60

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3980

P. O. Address St. Louis

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