

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017123

FILED VS MAY 2 1960

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STATE FILE NUMBER

DEED

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt; font-weight: bold;">St. Louis</p> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt; font-weight: bold;">Mo. Baptist Hospital</p>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <span style="font-size: 18pt; font-weight: bold;">Mo.</span> b. COUNTY  c. CITY OR TOWN <p style="text-align: center; font-size: 18pt; font-weight: bold;">St. Louis</p> d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt; font-weight: bold;">220 N. Spring Ave.</p>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <span style="font-size: 18pt; font-weight: bold;">RUTH</span> Middle <span style="font-size: 18pt; font-weight: bold;">A.</span> Last <span style="font-size: 18pt; font-weight: bold;">MARTIN</span>			<b>4. DATE OF DEATH</b> Month <span style="font-size: 18pt; font-weight: bold;">April</span> Day <span style="font-size: 18pt; font-weight: bold;">16</span> Year <span style="font-size: 18pt; font-weight: bold;">1960</span>			
<b>5. SEX</b> <span style="font-size: 18pt; font-weight: bold;">Female</span>	<b>6. COLOR OR RACE</b> <span style="font-size: 18pt; font-weight: bold;">White</span>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <span style="font-size: 18pt; font-weight: bold;">5-10-1903</span>	<b>9. AGE</b> (last birthday) <span style="font-size: 18pt; font-weight: bold;">56</span>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <span style="font-size: 18pt; font-weight: bold;">Clerk-Catherine Springer</span>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <span style="font-size: 18pt; font-weight: bold;">Home</span>		<b>11. BIRTHPLACE</b> (City and state or country) <span style="font-size: 18pt; font-weight: bold;">Bentons Port, Iowa</span>		
<b>12. CITIZEN OF WHAT COUNTRY</b> <span style="font-size: 18pt; font-weight: bold;">U.S.A.</span>		<b>13a. FATHER'S NAME</b> <span style="font-size: 18pt; font-weight: bold;">O. C. McIntosh</span>		<b>13b. MOTHER'S MAIDEN NAME</b> <span style="font-size: 18pt; font-weight: bold;">Esther Marriott</span>		
<b>14. NAME OF HUSBAND OR WIFE</b> <span style="font-size: 18pt; font-weight: bold;">Lester Martin</span>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/>				
<b>16. SOCIAL SECURITY NO.</b> <span style="font-size: 18pt; font-weight: bold;">498-01-2856</span>		<b>17. INFORMANT</b> Address <span style="font-size: 18pt; font-weight: bold;">Lois Warner 8035 Genesta(23)</span>				

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <span style="font-size: 24pt; font-weight: bold;">Massive Pulmonary Edema</span> DUE TO (b) <span style="font-size: 24pt; font-weight: bold;">Pulm. Embol</span> DUE TO (c) <span style="font-size: 24pt; font-weight: bold;">Post Operative Cardio Vascul. Fail</span> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	
<b>STATE</b>			

**21. I attended the deceased from** 4-5-60 to 4-16-60 and last saw her/him alive on 4/16/60.  
**Death occurred at** 4:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <span style="font-size: 24pt; font-weight: bold;">E. R. Penwick M.D.</span>		<b>22b. ADDRESS</b> <span style="font-size: 18pt; font-weight: bold;">453 N. Taylor Ave</span>		<b>22c. DATE SIGNED</b> <span style="font-size: 18pt; font-weight: bold;">4/18/60</span>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <span style="font-size: 18pt; font-weight: bold;">Removal</span>		<b>23b. DATE</b> <span style="font-size: 18pt; font-weight: bold;">April 19, 1960</span>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <span style="font-size: 18pt; font-weight: bold;">Mt. Hope Cemetery</span>	
<b>23d. LOCATION</b> (City, town, or county) <span style="font-size: 18pt; font-weight: bold;">St. Louis County, Mo.</span>					

<b>24. FUNERAL DIRECTOR</b> ADDRESS <span style="font-size: 18pt; font-weight: bold;">Kriegshauser 4228 S. Kingshighway Blvd.</span>		<b>25. DATE RECD. BY LOCAL REG.</b> <span style="font-size: 18pt; font-weight: bold;">APR 19 1960</span>		<b>26. REGISTRAR'S SIGNATURE</b> <span style="font-size: 24pt; font-weight: bold;">Lois Warner M.D.</span>	
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(Licensed Embalmer's Statement on Reverse Side)

Questioned: Underlying Cause Certificate with Old Hospital Record  
 DOCUMENT  
 BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Geo. H. Kriegshauser, Jr.

Licensed Embalmer No. 4988

P. O. Address St. Louis, Mo.

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.