

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017673

FILED VS APR 22 1960

Registration District No. 317 Primary Registration District No. 543542 Registrar's No. 1029 STATE FILE NUMBER

ENDED

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) OR TOWN <u>FERGUSON</u>		Length of stay in 1b <u>3 WEEKS</u>		c. CITY OR TOWN <u>ST. ANN</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>33 REASOR DR.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3665 ISOLDA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>ANNA</u> First <u>LAURA</u> Middle <u>LAUER</u> Last				4. DATE OF DEATH Month <u>3</u> Day <u>26</u> Year <u>'60</u>									
5. SEX <u>F</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>4-24-1889</u>		9. AGE (last birthday) <u>72</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>—</u>		11. BIRTHPLACE (City and state or country) <u>Montgomery Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>					
13a. FATHER'S NAME <u>BERNARD MARESCAL</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>496-22-6152</u>		17. INFORMANT <u>MRS. MARY AZAR,</u>		Address <u>33 REASOR DR, FERGUSON 31, 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>Lymphosarcoma of bladder</u> DUE TO (b) <u>with general metastases</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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					
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>2-3-60</u> , to <u>3-26-60</u> and last saw her alive on <u>3-24-60</u> Death occurred at <u>8:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>James H. Malley MD</u> (Degree or title)				22b. ADDRESS <u>1634 N Grand</u>				22c. DATE SIGNED <u>3/27/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>3-29-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION</u>		23d. LOCATION (City, town, or county) <u>MONTGOMERY CITY, Mo.</u>							
24. FUNERAL DIRECTOR <u>THE FLOISSANT MORTUARY, Mo</u>				ADDRESS <u>FLOISSANT, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-60</u>		26. REGISTRAR'S SIGNATURE <u>John B. Mangley M.D.</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

O'Malley  
Lauer.

**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 Gene Sputchers

Licensed Embalmer No. 4966

P. O. Address FLORISSAN

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.