

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		c. CITY OR TOWN GRANTWOOD VILLAGE	
Length of stay in 1b 1 DAY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INCARNATE WORD HOSPITAL		d. STREET ADDRESS (If outside, give location) 7424 GRANBURY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARGARET ERNST First Middle			4. DATE OF DEATH AUGUST 30, 1960 Month Day Year		
5. SEX A/K/A MARGARET FEMALE		6. COLOR OR RACE T. ERNST CAUCASIAN		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 1/17/1876		9. AGE (last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME JOHN O'NEILL	
13b. MOTHER'S MAIDEN NAME MARY DORSEY		14. NAME OF HUSBAND OR WIFE CARL M. ERNST		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. NONE		17. INFORMANT CARL M. ERNST, 6424 GRANBURY, GRANTWOOD		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I - DEATH WAS CAUSED BY:	

IMMEDIATE CAUSE (a)		DUE TO (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
<i>Coronary Artherosclerosis</i>		<i>Arteriosclerosis, gen</i>		<i>4201</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							

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 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 <i>May 1960</i> to <i>8/30/60</i> and last saw her alive on <i>8/29/60</i> .	
Death occurred at <i>5:00 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Charles Kromer, M.D.</i> (Degree or title)	22b. ADDRESS <i>4401 Hampton Ave</i>	22c. DATE SIGNED <i>8/31/60</i>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9/2/1960	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION	23d. LOCATION (City, town, or county) ST. LOUISIA COUNTY, MISSOURI
--	-----------------------	--	---

24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 CHEPPEWA STREET ST. LOUIS, MISSOURI	25. DATE RECD. BY LOCAL REG. SEP 2 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
---	--	--

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 _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis

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.