FILED VS NOV 28 1960

RL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044597
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3359

DED

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights
Length of stay in 1b: YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7321 Goff
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN: Richmond Heights
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7321 Goff
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Maria Middle: E Last: Hearne
4. DATE OF DEATH: Month November Day 17 Year 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-8-1898
9. AGE (last birthday): 62
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): At home
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Herman Hamingson
13b. MOTHER'S MAIDEN NAME: Anna Fernlund
14. NAME OF HUSBAND OR WIFE: James Hearne
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: James Hearne Address: 7321 Goff Ave.

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): Carcinoma Thyroid — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 6-24-53, to 9-24-60 and last saw her/him alive on 9-24-60
Death occurred at 8 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carl E. Lischer (Degree or title) MD.
22b. ADDRESS: 457 N. Kingshighway
22c. DATE SIGNED: 11/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 18, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri.

24. FUNERAL DIRECTOR ADDRESS: C.R. Lupton and Sons 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: 11-18-60
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Hearne County Use

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 Arnold W. Schoen

Signature of Student Embalmer

Licensed Embalmer No. 3864

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.