

pt. Health,  
& Welfare  
S. Public  
Hth Service

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ov. 1-56

All  
symptoms will be listed. All  
causes.  
1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

60-044611  
FILE NUMBER

FILED VS NOV 9 1960

Registration District No. 317 Primary Registration District No. 549 Registrar's No. 3146

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>WASHINGTON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHMOND HEIGHTS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>NASHVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's</b>		Length of stay in lb <b>2 WKS</b>		d. STREET ADDRESS <b>109<sup>th</sup> EAST ST LOUIS</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Marguerete M. Rhode-Rohde</b>				4. DATE OF DEATH <b>October 30 1960</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>		8. DATE OF BIRTH <b>August 4-1886</b>	
9. AGE (In years last birthday) <b>74</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>MT VERNON, ILL</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>JAMES V. McLAUGHLIN</b>				14. MOTHER'S MAIDEN NAME <b>MARLEEN E CURTIS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Aleen MRS AILEE GREEN SAN JOSE CALI.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Admission</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>hemorrhagic Pericarditis</b> DUE TO (c) <b>58.70</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>10 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Open Aortic Aneurysm</b>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.							
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 <b>10/20/60</b> to <b>10/30/60</b> and last saw her/him alive on <b>10/30/60</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Deeann J. [Signature]</b>				22b. ADDRESS <b>3915 Watson St Louis 9</b>		22c. DATE SIGNED <b>10/31/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>10-31-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAKDALE</b>		23d. LOCATION (City, town, or county) (State) <b>OAKDALE TWP, ILL</b>	
24. FUNERAL DIRECTOR <b>John A. Ggonoski East St. Louis, Ill.</b>				25. DATE RECD. BY LOCAL REG. <b>10-31-60</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul A. Agoroshi Student Embalmer No. 2398  
P. O. Address .....

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.