

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004033

FILED VS FILED 6 1961

STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 167

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Richmond Heights

Length of stay in 1b

4 Weeks

c. CITY OR TOWN

St. Louis

Inside Limits

Yes No

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Marys Hospital

Inside Limits

Yes No

d. STREET ADDRESS

(If outside, give location) 5889 Theodosia

Reside on Farm

Yes No

3. NAME OF DECEASED

(Type or print)

First

Daisy

Middle

P.

Last

Myers

4. DATE OF DEATH

Month

Day

Year

Jan. 16, 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

2/17/1992

9. AGE (last birthday)

68

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)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Mt. Vernon Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Favor Wallace

13b. MOTHER'S MAIDEN NAME

Lila Mc Clure

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Genevieve Harrington 1721 Hamys Dr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

KIMMELL STEEL-WILSONS DISEASE

1 year

DUE TO (c)

GENERALIZED ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

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

Month, Day, Year

a.m.

p.m.

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 Sept 1960 to JAN 16th, 1961 her usual residence was live on JAN 16th

Death occurred at 10:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Martin G. Austin MD

(Degree or title)

22b. ADDRESS

634 N Grand Blvd

22c. DATE SIGNED

1-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/19/1961

23c. NAME OF CEMETERY OR CREMATORY

Mount. Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Ann, Mo.

24. FUNERAL DIRECTOR

Collier Mortuary, St. Ann, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

1-17-61

26. REGISTRAR'S SIGNATURE

Genevieve Harrington

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Anne M

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.