SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 328 61-007227 STATE FILE NUMBER

FILED VS FEB 20 1961

DATE AMENDED 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Affton (23) Mo. — Length of stay in 1b: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Henninger Nurs. Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: Saint Louis (11) — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8423 Minnesota Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY — Middle ESTELLE — Last THOMA

4. DATE OF DEATH: Month February — Day 1 — Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/20/91
9. AGE (last birthday): 69 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Michael Madigan
13b. MOTHER'S MAIDEN NAME: Mary Hickey
14. NAME OF HUSBAND OR WIFE: Albert L. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

17. INFORMANT: Albert Thoma — Address: 631 Bagnell Dr. St. Louis (37) Mo.

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) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2-3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis —
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
diabetes mellitus : chronic nephritis : hypertension

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 Nov. 19, 1960, to Feb. 1, 1961 and last saw her alive on Jan. 31, 1961
Death occurred at 11:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh P. Crowell (Degree or title) M.D. — 22b. ADDRESS: 9764 Tesson Ferry Rd — 22c. DATE SIGNED: 2/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Feb. 3, 1961 — 23c. NAME OF CEMETERY OR CREMATORY: National Cemetery — 23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo. (11)

24. FUNERAL DIRECTOR — ADDRESS: Fendler Und. Co. 7420 Michigan Ave. — 25. DATE REC'D BY LOCAL REG.: 2-3-61 — 26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Sr. Hugh C. Crowell
9764 Tesson Ferry Rd.
Fl. - 2-0648

at Fusio Hospital
4960 Lackide Ave
2 to 5:30 P.M. Thurs.

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.