

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-010406

318 1003

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3161

FILED APR 14 1961

DATE AMENDED

INSTEAD OF RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Our Lady Of Perpetual Help.		d. STREET ADDRESS (If outside, give location) 4967 Lindenwood Pl.	
3. NAME OF DECEASED (Type or print) Margaret Bailey		4. DATE OF DEATH Month April Day 2 Year 1961	
5. SEX Female.	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 78
13a. FATHER'S NAME William Wiley.		13b. MOTHER'S MAIDEN NAME Alice. Aspinal.	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	11. BIRTHPLACE (City and state or country) Springfield Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		17. INFORMANT Sister. Address Mrs. Robert Broeg, 4967 Lindenwood.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized		INTERVAL BETWEEN ONSET AND DEATH terminal	
DUE TO (c) 420-1		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	
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.	
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 a.m. p.m. 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 Mar 2, 1954 to April 2, 1961 and last saw her live on Mar 22, 1961 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. Ramsey, M.D.		22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 4/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) 4-5-1961	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum.	23d. LOCATION (City, town, or county) (State) St. Louis County
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home.		25. DATE RECD. BY LOCAL REG. APR 4 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
6322 S. Grand Blvd.			

AUG 1 1962

Dr. W.C. Missey.
Mo. Theatre Bldg.

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 David Van Kessen

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

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.