OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2041

-61-011010
STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 25 Yrs.

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): E/R to City Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2601 Hebert
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MARGIE Middle: Last: HOSTLER

4. DATE OF DEATH: Month Feb. Day 28 Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/24/16
9. AGE (last birthday): 44
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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and state or country): Foley, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Vaughn
13b. MOTHER'S MAIDEN NAME: Hattie
14. NAME OF HUSBAND OR WIFE: Lee Hostler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT: Lee Hostler, 2601 Hebert, St. Louis Mo (Address)

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): Lobar Pneumonia, Cirrhosis of the liver, extensive.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 581.0
INTERVAL BETWEEN ONSET AND DEATH:

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick E Taylor Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 3-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/3/61
23c. NAME OF CEMETERY OR CREMATORY: St. ~~Trinity~~ Trinity
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: McLaughlin, 2301 Lafayette(4) ADDRESS
25. DATE RECD. BY LOCAL REG.: MAR 1 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

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_____ Signed H G Farris

Signature of Student Embalmer

Licensed Embalmer No. 3384

P. O. Address H G Farris

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.