

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016056

STATE FILE NUMBER

AMENDED Registration District No. 317Primary Registration District No. 541Registrar's No. 1050

FILED APR 24 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b DOA		c. CITY OR TOWN Chamois		Inside Limits Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Helen Middle Wilhelmina Last Townley				4. DATE OF DEATH Month April Day 11 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 12/10/1892		9. AGE (last birthday) 68		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Old Woolem, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Otto Gungoll				13b. MOTHER'S MAIDEN NAME Katherine Pletz				14. NAME OF HUSBAND OR WIFE Moses					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Alva Townley, Chamois, Mo. Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis										INTERVAL BETWEEN ONSET AND DEATH 5 mri			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary artery disease										4-6 wks			
DUE TO (c) arteriosclerotic Heart Disease										3 months			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input 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. 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 3/29/61 to 4/14/61 and last saw her ^{her} alive on 4/11/61 Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Murray Chinsky MD						22b. ADDRESS 6223 Nut. Budge			22c. DATE SIGNED 4/17/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-17-61		23c. NAME OF CEMETERY OR CREMATORY Townley Cemetery				23d. LOCATION (City, town, or county) (State) Chamois, Mo.					
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.					25. DATE RECD. BY LOCAL REG. 4-17-61		26. REGISTRAR'S SIGNATURE John C. Murphy Md.						

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1961

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 Robert M. Murray

Licensed Embalmer No. 3749

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.