

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038752
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. **10004**

AMENDED

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		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		Length of stay in 1b 9 mo. 3 wks.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3130a N. Newstead
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Maggie Middle Last Irving	4. DATE OF DEATH Month 10 Day 25 Year 61
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5. SEX Female	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Tallahatchie Co. Miss U.S.A	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME Unk.	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Marcie Irving
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT Theodore Arps Address 8030 Drake Ave Chicago, Ill
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of left breast with metastases CARCINOMA, LEFT BREAST (WITH METASTASES)	INTERVAL BETWEEN ONSET AND DEATH 1954 -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhage (left chest wall) - Metastatic Ca. to ribs and femur	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
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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.)
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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 ST. LOUIS	COUNTY Mo	STATE
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21. I attended the deceased from 1-4-61 to 10-25-61 and last saw her/him alive on 10-25-61 Death occurred at 10:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Keeney M.D. (Degree or title)	22b. ADDRESS 5800 Arsenal Ave	22c. DATE SIGNED 10-25-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-30-61	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo
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24. FUNERAL DIRECTOR Dunn F. Home ADDRESS 3847 Bge Blvd.	25. DATE RECD. BY LOCAL REG. OCT 28 1961	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.
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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 Arthur L. Holliman

Licensed Embalmer No. 4221
P. O. Address 1100 Easton

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.