

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042301

AMENDED

Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 11173		STATE FILE NUMBER	
FILED DEC 12 1961							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 1428 Mallencrodt Ave.		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First LOUISE Middle CUNNINGHAM Last				4. DATE OF DEATH Month NOV. Day 30 , Year 1961			
5. SEX F	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/7/88	9. AGE (last birthday) 73	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 own home		11. BIRTHPLACE (City and state or country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Julius		13b. MOTHER'S MAIDEN NAME Mary Walker		14. NAME OF HUSBAND OR WIFE ?			
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. 496-12-3193		17. INFORMANT Ethyl M. Zahner, 1428 Mallencrodt Ave.			
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 heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: ASHD DUE TO (b) 420.0 DUE TO (c)						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 11/28/61 to 11/30/61 and last saw her alive on 11/30/61 Death occurred at 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Maurice J. Boyle M.D.			(Degree or title)		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 11/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/4/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope		23d. LOCATION (City, town, or county) Perryville, Mo.		(State)
24. Rowland Aker Mortuary Service 4104 Manchester Ave.				25. DATE RECD. BY LOCAL REG. DEC 1 1961		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Philip A. Ogden

Licensed Embalmer No. 5170

P. O. Address 4106 Main

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.