

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-042470

318 Primary Registration District No. 1003 Registrar's No. 10507

STATE FILE NUMBER

AMENDED

DATE AMENDED 11/2

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10507

FILED NOV 28 1961

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.**
 Length of stay in 1b **1 1/2 Days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Cardinal Glennon Memorial**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY
 c. CITY OR TOWN **St. Louis, Mo.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **3917 Schiller Place** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Mary** Middle Last **Hallquist**
 4. DATE OF DEATH Month **11** Day **11** Year **61**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **11-8-61** 9. AGE (last birthday) **3** IF UNDER 1 YEAR Months Days Hours Min. **3** IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Melvin R. Hallquist** 13b. MOTHER'S MAIDEN NAME **Agnes G. Nieland** 14. NAME OF HUSBAND OR WIFE **None**

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. 17. INFORMANT **Melvin R. Hallquist 3917 Schiller Pl.** 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) **PREMATURITY** INTERVAL BETWEEN ONSET AND DEATH **BIRTH**
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **776X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **MULTIPLE CONGENITAL ANOMALIES** 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 **11-10-61** to **11-11-61** and last saw ^{her} alive on **11-11-61**
 Death occurred at **12 NOON** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Paul J. O'Sullivan M.D.** (Doctor or title) 22b. ADDRESS **1465 So. GRAND** 22c. DATE SIGNED **11-12-61**

23. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Nov. 13, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR **Kriegshauser 4228 S. Kingshighway Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **NOV 13 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

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 _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

NOT EMBALMED

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

4533

P. O. Address _____

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.