SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042547
STATE FILE NUMBER

AMENDED

FILED DEC 1 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10807

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Enroute City Hospital
Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 706 N.Kingshighway
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First AKA Nellie A. Irvine; Middle ~~Anna~~ Nellie; Last Anne Irvine
4. DATE OF DEATH: Month November; Day 17; Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 6/22/1888
9. AGE (last birthday): ~~73~~ 74
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): Saleswoman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Ashland Co., Ohio.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John Irvine
13b. MOTHER'S MAIDEN NAME: Sarah ~~Redman~~ Rodman
14. NAME OF HUSBAND OR WIFE: Stephen Irvine
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.: Unknown
17. INFORMANT: Wilber Beer, Address: Mansfield, Ohio.

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): Arteris Sclerotic Heart Disease,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteris sclerosis.
DUE TO (c): 4200
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 [X] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 9:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Helen L. Taylor (Degree or title): Coroner
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 11-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-21-61
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Perrysville, Ohio

24. FUNERAL DIRECTOR: Albert H.Hoppe, Inc., ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 20 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

3 Nellie Anne Irvine AKA Nellie A. Irvine - Anna Irvine 12/20/61
8 & 9 June 22, 1887 & 74 June 22, 1888 & 73 12/20/61
13b Sarah Rodman Sarah Redman 12/20/61
BY AFFIDAVIT OF Funeral Director DOCUMENT Birth Record

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_____

Licensed Embalmer No. 365

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.