

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11459-61-046392 STATE FILE NUMBER

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

FILED DEC 18 1961

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. CITY OR TOWN St. Louis Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 2922 N. Kingshighway Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last ANNA V. HEALEY 4. DATE OF DEATH Month Day Year Dec. 7 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-7-1878 9. AGE (last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Clerk (Retired) City of St. Louis Health Dep't. 10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis Health Dep't. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown Healey 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None 17. INFORMANT Address Hattie Volling 5419 Finkman 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) Acute pulmonary edema INTERVAL BETWEEN ONSET AND DEATH 12 hrs DUE TO (b) DUE TO (c) 420.0

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 12-6-61 to 12-7-61 and last saw her alive on 12-6-61 Death occurred at 5:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. H. Boudreau (Degree or title) 22b. ADDRESS 634 N. Grand St. 22c. DATE SIGNED 12-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 11, 1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd. 25. DATE RECD. BY LOCAL REG. DEC 8 1961 26. REGISTRAR'S SIGNATURE Road Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Specified due to arteriosclerosis heart disease

DOCUMENT

MEDICAL CERTIFICATION

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 Ernest W. Spillars
Licensed Embalmer No. 4080

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.