

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047303
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3369

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis admission)

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 9 days c. CITY OR TOWN Overland Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 2111 Bryant Ave., Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Frieda Last Medley 4. DATE OF DEATH Month Nov. Day 27 Year 1961

5. SEX F 6. COLOR OR RACE W. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-28-07 9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min. 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) Staunton, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Blei 13b. MOTHER'S MAIDEN NAME Emma Hublet 14. NAME OF HUSBAND OR WIFE Raymond A. Medley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) None 17. INFORMANT Address Overland 14 Raymond A. Medley-2111 Bryant 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) congestive heart failure
DUE TO (b) primary pulmonary hypertension
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Nov. 15, 1958 to Nov. 27, 1961 and last saw her alive on Nov. 27, 1961
Death occurred at 12:15 11:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Hogan, M.D. 22b. ADDRESS 135 W. Adams Ave, Kirkwood, Mo 22c. DATE SIGNED Nov 28, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-30-1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 23d. LOCATION (City, town, or county) (State) Jennings, Missouri

24. FUNERAL DIRECTOR'S OFFICE Baumann Bros. 2504 Woodson Road, Overland 14, Mo. 25. DATE RECD. BY LOCAL REG. 11-28-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

AMENDED

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. Louis

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.