

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-013623

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1053

FILED APR 6 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
14042		
24042		
3		
4 1		
5 1		
6		
7 0		
8 0		
94200		
10		
11		
12 90-0		
13		
	INSTEAD OF	
	SHOULD READ	
	ITEM NO.	
	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valley Park</u>		c. CITY OR TOWN <u>Valley Park</u>	
Length of stay in lb: <u>50yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>49 Boyd Ave</u>		d. STREET ADDRESS (If outside, give location) <u>49 Boyd Ave</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Ann Painter</u>		4. DATE OF DEATH Month Day Year <u>Mar. 31. 1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 10 1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and state or country) <u>Ranken Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Michael Boly</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Waldrip</u>	
13c. NAME OF HUSBAND OR WIFE <u>James A. Painter</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Painter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Melvin E. Painter, Pacific R.R.</u>		17. INFORMANT Address <u>Pacific R.R.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>VENTRICULAR FIBRILLATION</u>			<u>3 min</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			<u>20 yr</u>
DUE TO (c) <u>CEREBRAL VASCULAR THROMBOSIS</u>			
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.
<u>CEREBRAL VASCULAR THROMBOSIS</u>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>12-18-59</u> to <u>3-31-62</u> and last saw her alive on <u>3-31-62</u>			
Death occurred at <u>7:25</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.B. Medney M.D.</u> (Degree or title)		22b. ADDRESS <u>806 Meramec St. Rd. Valley Park Mo</u>	
22c. DATE SIGNED <u>4-1-62</u>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4-3-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Pacific Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. John L. Thies Pacific No. 4-2-62</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-2-62</u>	
26. REGISTRAR'S SIGNATURE <u>John G. Mingley M.D.</u>		26. REGISTRAR'S SIGNATURE	

VS APR 6 - 1962

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.