MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-036174
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9350

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8120		7
3	2		
4	1		
5	2		
6			
7	1		
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12	64-0		
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64

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 3 1962

1. PLACE OF DEATH
a. COUNTY ---
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis City — Length of stay in 1b: 5 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison
c. CITY OR TOWN Granite City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2447 Jerden Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Agnes Middle Gaughan Last
4. DATE OF DEATH: Month 9 Day 28 Year 1962
5. SEX: F
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-1-1882
9. AGE (last birthday): 79 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Poneta, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John O'Neill
13b. MOTHER'S MAIDEN NAME: Nora Gallivan
14. NAME OF HUSBAND OR WIFE: Daniel Gaughan
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.: None
17. INFORMANT: Address 2447 Jerden Ave. Granite City, Ill.

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) Coronary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral arteriosclerosis and stroke

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 Sept 24 1962 to Sept. 28. 62 and last saw her alive on Sept 28. 62
Death occurred at 1:50 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray Steinberg (Degree or title) Ray V. Steinberg, M.D.
22b. ADDRESS 216 So. Kingshighway
22c. DATE SIGNED 9.28.62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-29-62
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): Edwardsville Twsp. Ill.

24. FUNERAL DIRECTOR: Pieper Funeral Home ADDRESS Granite City Ill.
25. DATE RECD. BY LOCAL REG.: SEP 29 1962
26. REGISTRAR'S SIGNATURE: Hoard 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 HOT EMBALMED, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Henry J. Bizzan

Licensed Embalmer No. IL 8210

P. O. Address Granite City, Ill.

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.