

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051081

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 4641 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 16 1964

VS 300 Rev. 4/59	DATE AMENDED	
14005	INSTEAD OF	DOCUMENT
2 4013	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	BY AFFIDAVIT OF
3	SHOULD READ	MEDICAL CERTIFICATION
4 1	OR	TYPewriter RIBBON
5 2	SHOULD READ	TYPewriter RIBBON
6	SHOULD READ	TYPewriter RIBBON
7 1	SHOULD READ	TYPewriter RIBBON
8 1	SHOULD READ	TYPewriter RIBBON
9 5810	SHOULD READ	TYPewriter RIBBON
10	SHOULD READ	TYPewriter RIBBON
11	SHOULD READ	TYPewriter RIBBON
12 460	SHOULD READ	TYPewriter RIBBON
13	SHOULD READ	TYPewriter RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN Florissant	
Length of stay in 1b 4 Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 11990 New Hallsferry Rd.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Lillie Josephine Athey			4. DATE OF DEATH Month Day Year Dec. 30, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 83
11. BIRTHPLACE (City and state or country) Brookport, Ill.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Bell		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Delbert Athey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Earl Garrett, Florissant, Mo.	
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 Heart Failure - Abdominal Ascites -			INTERVAL BETWEEN ONSET AND DEATH 8/29
DUE TO (b) Jaundice - Portal Hypertension -			
DUE TO (c) Chr. Hepatitis - Common Duct Stone			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year 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 8/29/63 to 12/29/63 and last saw her alive on 12/29/63 Death occurred at 7:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) James P. Haney		22b. ADDRESS 634 N. Grand Ave.	22c. DATE SIGNED 12/31/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-31-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Sterling	23d. LOCATION (City, town, or county) (State) Untonville, Ill.
24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary, Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. 12-31-63	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

000100

St. Louis Missouri

St. Louis

Flortassant

A No.

Richmond Heights

1190 New Lafayette Rd.

St. Mary's Hospital

Dec. 30. 1953

Attest

Josephine

Marie

11-9-53 83

White

Female

U. S.

Brookport, Ill.

Seamstress

Delbert Alvey

Unknown

Bellevue

Rayl Garrett, Flortassant, Mo.

493-27-2990

Mo

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 myself Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 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.

International

Mo. Registrar

12-31-53

Removal

White-Mullen Mortuary, Ferguson, Mo.