

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1949

State File No. 10062

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St, Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) 19 - 4118 McPherson			
3. NAME OF DECEASED (Type or Print) Anna		a. (First) b. (Middle) M		c. (Last) Penny		4. DATE OF DEATH (Month) (Day) (Year) 11 - 20 - 49	
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 7, 1878	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		9. AGE (In years last birthday) 71	
11. BIRTHPLACE (State or foreign country) Monrce County Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (State or foreign country) 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wilson Mervin		13b. MOTHER'S MAIDEN NAME Martha Blowers		14. NAME OF HUSBAND OR WIFE			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. W. Mervin, Emporia, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Mellitus</u> ANTECEDENT CAUSES <u>Diabetic Coma</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic Coma</u> DUE TO (c) <u>Gangrene of Rt. Foot</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of Rt. Foot</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 61			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260 X			
22. I hereby certify that I attended the deceased from <u>Nov. 16</u> 19 <u>49</u> , to <u>Nov. 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 20</u> , 19 <u>49</u> , and that death occurred at <u>9:45 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert J. Farrell M.D.</u>				23b. ADDRESS <u>624 N. Union</u>		23c. DATE SIGNED <u>11/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. <u>NOV 23 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Guy Miller</u>		ADDRESS <u>5041 delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....

Ronald Galbreath

Licensed Embalmer No. *3917*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.