

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1951

State File No. 28422

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6758

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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5551 Clemens		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
		5. STREET ADDRESS (If rural, give location) 5551 Clemens 0	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Beatrice c. (Last) Koch			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 13, 1886	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Frank Warner	13b. MOTHER'S MAIDEN NAME Stella Crawshaw	14. NAME OF HUSBAND OR WIFE
---------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Kathryn Harrington	ADDRESS 5551 Clemens
---	-------------------------	--	----------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mercury Poisoning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by ingestion of bichloride of mercury at her home DUE TO (c) July 27 1951 exact		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION time unknown	20. NO OBESITY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, dining street, office, etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 27 51 7 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR E 9775
---	--	----------------------------------

22. I hereby certify that I attended the deceased from 8:18, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00a m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/28/51
----------------------------	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/30/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	-------------------	---	--

DATE REC'D BY LOCAL REG. JUL 28 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 1225 Union
--------------------------------------	------------------------------------	--	--------------------

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3733

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