

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6905**  
Registrar's No. **1610**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>***</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place) <b>3 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6125 MICHIGAN</b>		e. STREET ADDRESS (If rural, give location) <b>6125 MICHIGAN</b> <b>2019</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JEANNE</b>	b. (Middle) <b>C.</b>	c. (Last) <b>TOWNSLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 17, 1954</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MARCH 7, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REAL ESTATE AGENT</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>83</b> # UNDER 1 YEAR Months Days # UNDER 1 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>SEDALIA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>WILLIAM TOWNSLEY</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA THURBER</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LOUIS TOWNSLEY</b>	ADDRESS <b>6125 MICHIGAN ST. LOUIS, MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>under</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular disease</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>44-3x</b>
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22. I hereby certify that I attended the deceased from **Dec 1953**, to **Feb 17, 1954**, that I last saw the deceased alive on **Feb 17, 1954**, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carol W. J. [Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>16 Hampton Valley Plaza</b>	23c. DATE SIGNED <b>2/18/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 19, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATHEWS CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>4360 BATES ST.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 19 1954</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>S. Hormeister</b>	ADDRESS <b>61700. 7814 SO. BROADWAY ST. LOUIS 11. MO.</b>
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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.....  
Signature of Student Embalmer

Signed..... *Harry J. Schunz*  
Licensed Embalmer No. *267*

P. O. Address *7814 S. Broadway*

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.