

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1954

State File No. **42701**  
Registrar's No. **10988**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
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. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>11 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>St. Louis</b>		<b>2139</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>5400 Arsenal Street</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Margaret</b>		b. (Middle) <b>M.</b>	
		c. (Last) <b>Persons</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 1, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>1869 ???</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Month   Day
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Des Peres, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>State Hospital Records</b>		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>				<b>5 min.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Pulmonary and liver congestion</b>				<b>10 days</b>
	DUE TO (c) <b>Broncho-pneumonia, lower right</b>				<b>3 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)	
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>522X.</b>	
22. I hereby certify that I attended the deceased from <b>10-2</b> , 19 <b>54</b> , to <b>12-1-54</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>12-1-54</b> 19 <b>54</b> , and that death occurred at <b>11:25p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Anna Ayman MD</b>		23b. ADDRESS <b>5400 Arsenal Street</b>		23c. DATE SIGNED <b>12-2-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Quincy, Illinois</b>		
DATE REC'D BY LOCAL REG. <b>DEC 2 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Daugherty Fun. Home Quincy, Ill.</b>	

(Licensed Embalmers' 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.