

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24445

FILED AUG 15 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6398**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN Mary Ridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		STREET ADDRESS (If rural, give location) 3426 Eastridge La.		d. Is Residence within limits of a city or incorporated town? Yes # _____ No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Female		White		Married		Jan 20, 1901		54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
At Home		Housewife		St. Louis Mo.		U.S.A.			

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Louis Questa		Mary Rader		Patrick J. Sweeney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
No		None		Patrick J. Sweeney	
				ADDRESS 3426 Eastridge La	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Disease or Condition			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)			
Antecedent Causes		Gangrene of foot (left)		260X	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		Amputation of left leg below knee (2 months ago)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., floor 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?	

22. I hereby certify that I attended the deceased from 7-17, 1955, to 7-25, 1955, that I last saw the deceased alive on July 24, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
D. S. Allen M.D.		18 South Kings Highway		7-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		7/27/55		Lake Charles Cemetery St. Louis County Mo.	
24d. LOCATION (City, town or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
		C. Collier		Mortuary 10123 St. Chas. Rd.	

DATE REC'D BY LOCAL REG. **JUL 25 1955** REGISTRAR'S SIGNATURE *Charles Smith M.D.* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Collier Mortuary 10123 St. Chas. Rd.**

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.....

Sheldon Collier

Licensed Embalmer No. 338

P. O. Address 10123 St. U

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.