

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. **2578**
384
Registrar's No. _____

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN 4544 Maplewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital					
e. STREET ADDRESS (If rural, give location) 3508 Cambridge KIRKWOOD MISSOURI					

3. NAME OF DECEASED (Type or Print) Margaret			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 11, 1956		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12, 1889		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Days		11. IF UNDER 24 HRS. Hours		12. IF UNDER 1 MIN. Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME August Idle		13b. MOTHER'S MAIDEN NAME Josephine		14. NAME OF HUSBAND OR WIFE Idle Charles Bachar	
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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. 496-28-8531		17. INFORMANT'S SIGNATURE OR NAME Charles Bachar		ADDRESS 3508 Cambridge	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage due to A.S.H.D. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 7 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Aspiration pneumonia with rt. atelectasis 2) Chronic brain syndrome associated with cerebral arteriosclerosis				8 days 1 yr.	

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) 420.0	
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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	
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22. I hereby certify that I attended the deceased from 6-29, 1955, to 1-11, 1956, that I last saw the deceased alive on 1-11, 1956, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles Bachar M.D.</i>		(Degree or title)		23b. ADDRESS 5400 Arsenal Street		23c. DATE SIGNED 1-12-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-14-56		24c. NAME OF CEMETERY OR CREMATORY ST. LUCAS CEMETERY		24d. LOCATION (City, town, or county) (State) SAPPINGTON, MO.	
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DATE REC'D BY LOCAL REG. JAN 12 1956		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME		ADDRESS WEBSTER GRIVES 19, MO.	
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mjb

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M Murray*.....

Licensed Embalmer No. *37*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.