

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1956

State File No. _____
389

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3215^a Lafayette			
e. STREET ADDRESS (If rural, give location) 17 3215^a Lafayette			

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Ellen c. (Last) Cusick			4. DATE OF DEATH (Month) (Day) (Year) 1/11/56		
5. SEX F		6. COLOR OF RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH Oct. 1 1901		9. AGE (In years last birthday) 54		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY ref		11. BIRTHPLACE (City and State or Foreign Country) Denver Colorado	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Francis McConville		13b. MOTHER'S MAIDEN NAME Rose Ann Murphy	
14. NAME OF HUSBAND OR WIFE Robert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. R. Cusick		ADDRESS 3215^a Lafayette		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis Associated with Arteriosclerosis.		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO Progressive Myocardial Failure with cessation of Circulation	
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 422.1	

22. I hereby certify that I attended the deceased from **Nov 1 1955**, to **Jan 11 1956**, that I last saw the deceased alive on **Jan 10 1956**, and that death occurred at **10.30a m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Gerald Bruder D.O.		23b. ADDRESS 3215^a Lafayette Ave		23c. DATE SIGNED Jan 12 1956	
24a. BURLI. CREMATION REMOVAL (Specify) Burial		24b. DATE 1/14/56		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. LOCATION (City, town, or county) (State)		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. JAN 12 1956		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE Jos. A. Howard	
ADDRESS _____		ADDRESS 1619 So. Grand		ADDRESS _____	

WRITE PLAINLY—USING UNFAADING 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.....
Elton H. Remelius

Licensed Embalmer No. *428*

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.