

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18533

State File No.

4757

FILED JUN 14 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		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 <u>Illinois</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Kampsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>812 8</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARY</u>			b. (Middle) <u>ELLEN</u>		
			c. (Last) <u>RIVARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-56</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2-9-1889</u>		
						9. AGE (in years) (last birthday) <u>67</u>		
						IF UNDER 1 YEAR Months _____ Days _____		
						IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Western Cartridge</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		
12. CITIZEN OF WHAT COUNTRY? <u>unknown</u>			13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		
14. NAME OF HUSBAND OR WIFE <u>unknown</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>332-20-7521</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Millie Roth, Hardin, Ill.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd Degree burns of 30% of the body; suffered when stove in kitchen at Hamburg, Illinois, exploded about 800 am., February 7th 1956</u>			INTERVAL BETWEEN ONSET AND DEATH _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>Accident E 916.8</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Trailer</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Hamburg</u> (COUNTY) <u>Illinois</u> (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 7 56 800 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>812</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:10 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James M Kelly</u> (Type or Print)				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5-16-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Hardin, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 16 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hanks, Hardin, Ill.</u>		ADDRESS _____		

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed.....
Bert Hoffmann

Licensed Embalmer No. 43

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.