

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25489

State File No. 1623

FILED JUL 18 1956

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1623

1. PLACE OF DEATH a. COUNTY St. Louis		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) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR Crestwood 4430	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1520 Ridgewood Dr.	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Rita	c. (Last) Coldwater	4. DATE OF DEATH (Month) (Day) (Year) July 2, 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 Aug. 1, 1917	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 11	IF UNDER 2 HRS. Hours 11	IF UNDER 15 MIN. Min. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Nurse	10b. KIND OF BUSINESS OR INDUSTRY St. Joseph's Hosp.	11. BIRTHPLACE (State or foreign country) Peekskill, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Lynch	13b. MOTHER'S MAIDEN NAME Miller	14. NAME OF HUSBAND OR WIFE Dr. Kenneth B. Coldwater
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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) Yes World War Two	16. SOCIAL SECURITY NO. 493-40-8209	17. INFORMANT'S SIGNATURE OR NAME Dr. Kenneth B. Coldwater	ADDRESS 1520 Ridgewood
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction.		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Transfusion reaction		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 7/1/56	19b. MAJOR FINDINGS OF OPERATION Small bowel obstruction.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5705
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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?
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I hereby certify that I attended the deceased from **7/1/56** 19 to **7/2/56**, 19, that I last saw the deceased on **7/2/56**, 19, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

22. SIGNATURE Harry S. Marton	(Degree or title)	23b. ADDRESS 607 - N. Grand	23c. DATE SIGNED 7/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Nat'l. Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. 7-3-56	REGISTRAR'S SIGNATURE Herbert B. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE Pfitzinger Mortuary	ADDRESS Kirkwood 22, Mo.
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *William H. Fitzinger*

Licensed Embalmer No. *14816*

P. O. Address *Richwood 2, W. Va.*

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.