

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36624

STATE FILE NUMBER

FILED NOV 7 - 1956

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2581

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Affton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Affton</u> <u>4000</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7221 Shellbourne</u>		Length of stay in 1b <u>6 Mon.</u>		d. STREET ADDRESS (If outside, give location) <u>7221 Shellbourne</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>J.</u> Last <u>DELMORE</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>31</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 8, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse (Retired)</u>		11. BIRTHPLACE (City and state or country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Peter Delmore</u>				14. MOTHER'S MAIDEN NAME <u>Josephine Monroe</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Arthur Bigness</u> Address <u>7221 Shellbourne</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>10 10:00 P.M.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Essential hypertension; marked thyroid hypertrophy</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>8:45 P.</u> Month <u>July</u> Day <u>1954</u> Year <u>1954</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>local</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Watertown, New York</u>		20g. COUNTY <u>Watertown</u> STATE <u>New York</u>		
21. I attended the deceased from <u>July 1954</u> to <u>Oct. 31, 1956</u> and last saw her/him alive on <u>Oct. 29, 1956</u> . Death occurred at <u>8:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Hugh C. Crowell, M.P.</u>				22b. ADDRESS <u>9764 Tesman Ferry Rd</u>		22c. DATE SIGNED <u>11/1/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Rail)</u>		23b. DATE <u>11-1-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>local</u>		23d. LOCATION (City, town, or county) (State) <u>Watertown, New York</u>		
24. FUNERAL DIRECTOR <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway</u>				25. DATE RECD. BY LOCAL REG. <u>11-1-56</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Donohed</u>	

(Licensed Embalmer's Statement on Reverse Side)

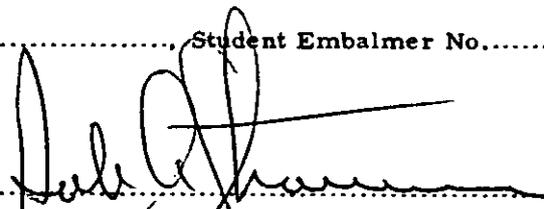
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be casually related.

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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.....


Licensed Embalmer No..... 45

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.