

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3277

FILED FEB 6 1957

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Pattonville</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>Fee Fee Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Basil</u>	b. (Middle) <u>William</u>	c. (Last) <u>McCoubrie</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23, 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Dcd.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-28-3596</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George McCoubrie Robertson, Mo.</u>
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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.	MEDICAL CERTIFICATION R#1 Box 589		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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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22. I hereby certify that I attended the deceased from May 1, 1956, to JAN. 10, 1957, that I last saw the deceased alive on JAN. 10, 1957, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.R. Loving M.D.</u> (Degree or title)	23b. ADDRESS <u>BALLWIN, Mo.</u>	23c. DATE SIGNED <u>1-12-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>1-14-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Pagedale, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-13-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dumble</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert B. Dumble</u> ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>
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(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 *Oscar H. Mueller*.....

Licensed Embalmer No. *3030*

P. O. Address *Overland*.....

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.