

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10839**  
Registrar's No. **2366**

FILED MAR 27 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2366</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 (If not in hospital or institution, give street address or location) <b>3401 No. Union Blvd. 2069</b>				e. STREET ADDRESS (If rural, give location) <b>3401 No. Union Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HELEN</b>		b. (Middle) <b>COPE</b>		c. (Last) <b>O'LEARY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 7 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>January 18 1900</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fore lady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Distillery</b>		11. BIRTHPLACE (City, and State or Foreign Country) <b>New York City N.Y. /</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Ben Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Tillie Ries</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>488-05-8097</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wilma Shea St. Louis County Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Cerebral Hemorrhage <b>Cerebral Hemorrhage</b> DIRECTLY LEADING TO DEATH* (a) _____ <b>Diabetes Mellitus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Diabetes Mellitus</b> <b>Hypertension</b> DUE TO (c) <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>3-3-50 3-8-57</b>			
22. I hereby certify that I attended the deceased from <b>Jan 3, 1950, to May 8, 1957</b> , that I last saw the deceased alive on <b>May 7, 1957</b> , and that death occurred at <b>9pm, 9:00A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>F. Hayden</b> (Degree or title) _____				23b. ADDRESS <b>730 Hodiamont</b>		23c. DATE SIGNED <b>3/8/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/11/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 9 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SULLIVAN'S 2849 No. Euclid Ave</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Hayden  
730 Holman  
Pa 17201

**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 *Albert Mayfield* .....  
Licensed Embalmer No. *3077* .....

P. O. Address .....

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.