

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14422

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State File No. \_\_\_\_\_  
F. \_\_\_\_\_  
Registrar's No. **4294**

BIRTH NO. **32507-57**

REG. DIST. NO. \_\_\_\_\_

PRIMARY REG. DIST. NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Granite City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" 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>14 JEWISH HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>32 1712 DELMAR 81208</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CINDY</b>		b. (Middle) <b>MAE</b>		c. (Last) <b>ANGLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-5-57</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <b>4-30-57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 1 HRS. Hours Min. <b>4 19 2</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
13a. FATHER'S NAME <b>BURNICE MAC ANGLE</b>		13b. MOTHER'S MAIDEN NAME <b>ALTON MAE SWEET</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MAE ANGLE, 1712 DELMAR, GRANITE CITY, ILL.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Induction of mother</b> DUE TO (c) <b>Severe Maternal Toxemia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Severe Maternal Toxemia</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>769.9</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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-30</b> , 19 <b>57</b> , to <b>5-5</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>5-5</b> , 19 <b>57</b> , and that death occurred at <b>10:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Donald Haysford M.D.</b>				23b. ADDRESS <b>216 S. Kingshighway</b>		23c. DATE SIGNED <b>5-6-57</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5-5-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS.</b>		24d. LOCATION (City, town, or county) (State) <b>GRANITE CITY, ILL.</b>	
DATE REC'D BY LOCAL REGS. <b>MAY 6 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D. Grant</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Missouri State Health Dept. Jefferson City</b>			

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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 *Charles E. Meece*.....

Licensed Embalmer No. *2988*

P. O. *Greenville City*

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.