

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29178
STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **2758**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6010-EITMAN		Length of stay in 1b 12 YRS		23d. STREET ADDRESS (If outside, give location) 6010 EITMAN	
3. NAME OF DECEASED (Type or print) ARRY		First JANE		Middle HATCHISSON	
Last		4. DATE OF DEATH		Month 8 Day 19 Year 57	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH FEB-4-1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME		11. BIRTHPLACE (City and state or country) ARK.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME GEORGE-CASPER		14. MOTHER'S MAIDEN NAME JANE-KETNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address LAUENA-KENNY-3828-DE TONTY	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio renal disease & arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442x					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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-20-55 to 8-19-57 and last saw her alive on 6-10-57 Death occurred at 4:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or title) Arthur M. O.			22b. ADDRESS Maplewood Mo.		22c. DATE SIGNED 8-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8-21-57	23c. NAME OF CEMETERY OR CREMATORY SUNSET-BURIAL-PARK		23d. LOCATION (City, town, or county) (State) ST. LOUIS Co MO
24. FUNERAL DIRECTOR JAY B SMITH		ADDRESS MAPLEWOOD 17 MO		25. DATE RECD. BY LOCAL REG. AUG 19 57	26. REGISTRAR'S SIGNATURE J. Earl Smith, MD S.P.

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

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.....
J. C. Burgess

Licensed Embalmer No. 46

P. O. Address *Maple*

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.