FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29222

STATE FILE NUMBER 7422

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St.Louis — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION 4385 Maryland Ave. Bernard Nursing home 2-wks. — Length of stay in 1b 37

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN University City 4336 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 201 West Gate Ave. — Reside on Farm Yes No — 27

3. NAME OF DECEASED (Type or print): First Mary Middle C. Last Black

4. DATE OF DEATH Month August Day 6 Year 1957

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED

8. DATE OF BIRTH August 28,1862

9. AGE (In years last birthday) 94 — IF UNDER 1 YEAR Months 11 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired,School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) LaClaire,Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Black

13b. MOTHER'S MAIDEN NAME Mary O'Connell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Mrs.Thomas L.Hamilton,201 West Gate Ave.U.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Generali arteriosclerosis

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) General arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

DUE TO (b) Congestive heart failure — 6 mos.

DUE TO (c) 450.0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 7-19-57 to 7/23/57 and last saw her him alive on 7/31/57

Death occurred at 11:50 pm. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.A.Kinsella (Degree or title) M.D.

22b. ADDRESS 3720 Washington 3720 Washington

22c. DATE SIGNED 8/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug.9,1957

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St.Louis,Missouri (State)

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. AUG 8 '57

26. REGISTRAR'S SIGNATURE J. Carl Smith MD M.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

when signed, Je. 1-1000

SEP 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, ~~or by~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 4199

P.O. Address 3840 Lindsay

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