Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3848
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Hosp. — Length of stay in 1b 3 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN ~~St. Louis~~ Riverview 4010 — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 433 Northridge — Reside on Farm Yes ☐ XX

3. NAME OF DECEASED (Type or print) First Mary Middle Last Crimi
4. DATE OF DEATH Month 1 Day 16 Year 58
5. SEX female
6. COLOR OR RACE white
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-10-1927
9. AGE (In years last birthday) 30 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) Breeze, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lawrence Conroy
14. MOTHER'S MAIDEN NAME Elizabeth Pletka / Husband Philip
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. 492-22-0016
17. INFORMANT Philip Crimi, 433 Northridge — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatous Primary? uterus — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 174 X
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 12-25-57, to 1-16-58 and last saw her/him alive on 1-16-58
Death occurred at 6:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J Sayer ass
22b. ADDRESS 601 So. Brentwood
22c. DATE SIGNED

23a. REMOVAL, CREMATION, REMOVAL (Specify) XXXXXX
23b. DATE 1-20-58
23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Miceli and Sons, 1150 N. Kingshighway
25. DATE RECD. BY LOCAL REG. 1-17-58
26. REGISTRAR'S SIGNATURE Herbert B Domke MD asc

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Anthony J. Nicol

Licensed Embalmer No. 4

P. O. Address L. L. Ree

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.