

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016492

FILED MAY 14 1958

STATE FILE NUMBER 4867

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

300
-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4512 West Pine		Length of stay in lb 1 Year		d. STREET ADDRESS (If outside, give location) 4512 Pine Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Sally Middle Louise Last Stearn				4. DATE OF DEATH Month May Day 6 Year 1958				
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 11, 1866		
9. AGE (In years last birthday) 92		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) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ed. Hegerty			13b. MOTHER'S MAIDEN NAME Elizabeth Church			14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Dr. Allen E. Stearn - 901 Crestland Avenue Columbia, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Chronic Parenchymatous Nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592x							INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years	
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 _____ o.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 Dec 5th, 1957 , to May 6, 1958 and last saw her ^{her} _{him} alive on April 27, 58 Death occurred at 8:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) O. D. Meyer, M.D. O. D. Meyer - D				22b. ADDRESS 6029 S. Kingshighway B1			22c. DATE SIGNED May 6, 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair				25. DATE RECD. BY LOCAL REG. MAY 7 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. <i>J.P.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter B. Burnley*
Licensed Embalmer No. *15902*
P. O. Address *St. Louis*

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.