Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003554
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 609

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN: Saint Louis — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6442 McCune — Length of stay in Hospital: 37 yrs	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri — b. COUNTY: c. CITY OR TOWN: Saint Louis — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location): 6442 McCune — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: Louise	Middle: J	Last: Sturgeon	4. DATE OF DEATH	Month: 1 — Day: 17 — Year: 1959
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: June 6, 1877	9. AGE (In years last birthday): 81	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: own home	11. BIRTHPLACE (City and state or country): London, Ont Canada	12. CITIZEN OF WHAT COUNTRY? Nat'l		
13a. FATHER'S NAME: John Bateman	13b. MOTHER'S MAIDEN NAME: Fanny (Unknown)	14. NAME OF HUSBAND OR WIFE: William Sturgeon-Deceased			
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: Hazel A. Sexton 6442 McCune St Louis, Missouri			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Decompensation	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Arteriosclerotic Heart Disease 420.0	10 yrs.
DUE TO (c)		

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Aug 1955, to Jan 1959 and last saw her alive on 14 Jan 59. 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): Arch M Ahern, MD.	22b. ADDRESS: 3915 Watson Road	22c. DATE SIGNED: 19 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-19-1959	23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery	23d. LOCATION (City, town, or county): St Louis — (State): Mo
24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary — ADDRESS: 6464 Chippewa Street St. Louis 9, Missouri		25. DATE RECD. BY LOCAL REG.: 1-19-1959	26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MOB

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 Rice G. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis Mo.

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.