

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003694
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>FLORISSANT</u> <u>4051</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS Co. Hosp.</u>		Length of stay in 1b <u>6 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>153 WASHINGTON ST.</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>Emma Calvert</u>			4. DATE OF DEATH Month Day Year <u>1-3-59</u>		
---	--	--	---	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 9 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	--	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
---	---	---	---

13a. FATHER'S NAME <u>GEORGE TOETTCHER</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE MEISSEN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>GEORGE CALVERT,</u>	Address <u>FLORISSANT, Mo.</u>
--	-------------------------------------	---	-----------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY CONGESTION & EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), storing the underlying cause last.	DUE TO (b) <u>ACUTE CORONARY INSUFFICIENCY</u>	
	DUE TO (c) <u>MARKED CORONARY ARTERY DISEASE</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>GENERALIZED ARTERIOLAR SCLEROSIS</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> NOT WHILE 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 <u>12-28-1958</u> to <u>1-3-1959</u> and last saw ^{her} _{him} alive on <u>1-3-1959</u> Death occurred at <u>5:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <u>R. B. Holly</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>601 S. Brentwood Bl</u>	22c. DATE SIGNED <u>1/3/59</u>
--------------------------------------	----------------------------------	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u>	23d. LOCATION (City, town, or county) (State) <u>LUCAS-HUNT RD, ST. LOUIS Co, Mo.</u>
--	---------------------------------	---	--

24. FUNERAL DIRECTOR <u>THE FLORISSANT MORTUARY</u>	ADDRESS <u>FLORISSANT Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-10-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>
--	----------------------------------	--	--

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

Secretary, Coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed.

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 *Ben J. Hutchins*

Licensed Embalmer No. *4966*

P. O. Address *FLORENCE, S. C.*

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.