

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016361

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 500 STATE FILE NUMBER Registrar's No. 1215

1. PLACE OF DEATH a. COUNTY <i>St. Louis County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>ST LOUIS</i>	
b. CITY OR TOWN <i>Manchester</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>BRENTWOOD 511</i> <i>St. Louis County</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Manchester Nursing Home MONS.</i> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>8623 Florence</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>E.</i> Last <i>Smith</i>			4. DATE OF DEATH Month <i>5</i> Day <i>11</i> Year <i>1959</i>			
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 16, 1879</i>	9. AGE (In years less birthday) <i>79</i>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Jeremiah Corbett</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Brady</i>	14. NAME OF HUSBAND OR WIFE <i>Andrew</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT Address <i>Mr. Andrew J. Smith 1028 Chidress</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Myocardial Infarction</i>	<i>3 months</i>
	DUE TO (c) <i>Arteriosclerosis and Hypertension</i>	<i>Does Not Know</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Heart Block</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <i>Nov. 26, '58</i> to <i>4-30-59</i> and last saw ^{her} _{him} <i>alive on 4-30-1959</i> Death occurred at <i>10:30</i> <i>P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree of ^{one}) <i>Ralph W. Lapey, M.D.</i>	22b. ADDRESS <i>Box 112, Manchester, Mo.</i>	22c. DATE SIGNED <i>5-2-59</i>
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23a. REMOVAL OF CORNEA (If removed)	23b. DATE <i>5/5/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Jos. A. Howard 1619 So. Grand</i>	25. DATE RECD. BY LOCAL REG. <i>5-2-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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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 *Blaine P. Jandrew*

Licensed Embalmer No. *4077*

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.