# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1959
NDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2357

59-031035
STATE FILE NUMBER

**1. PLACE OF DEATH**
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Ann
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3523 High Drive
Inside Limits: Yes [X] No [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ste.Genevieve
c. CITY OR TOWN: Ste.Genevieve
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Route 2
Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Irene Middle: Edith Last: Bahr

**4. DATE OF DEATH**: Month: August Day: 31, Year: 1959

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7.** Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

**8. DATE OF BIRTH**: 7/28/59

**9. AGE** (last birthday): 57

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: 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): St.Mary's,Mo.

**12. CITIZEN OF WHAT COUNTRY**: U.S.

**13a. FATHER'S NAME**: Henry Martin

**13b. MOTHER'S MAIDEN NAME**: Isabelle Litterest

**14. NAME OF HUSBAND OR WIFE**: Charles

**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**: Charles Bahr Address: Ste.Genevieve,Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 15 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio-sclerotic Heart Disease — 3 Yrs

DUE TO (c) Generalized arterioscleriosis — 10 yrs

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

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

**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 June 22, 1959 to August 31 1959 and last saw her alive on 29 August 199
Death occurred at 8:45 A.M. (8-31-59) m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**: R. D. McLelland MD (Degree or title)

**22b. ADDRESS**: 8515 Delmar St. Louis 32, Missouri

**22c. DATE SIGNED**: 9-1-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE**: 9-2-59

**23c. NAME OF CEMETERY OR CREMATORY**: Valle Spring Cemetery

**23d. LOCATION** (City, town, or county) (State): Ste.Genevieve,Mo.

**24. FUNERAL DIRECTOR**: Albert H.Hoppe,Inc. ADDRESS: 4700 Washington Blvd.

**25. DATE RECD. BY LOCAL REG.**: 9-1-59

**26. REGISTRAR'S SIGNATURE**: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 410

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.