

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041496

FILED VS. NOV 30 1959

Primary Registration District No.

Registrar's

210707

STATE FILE NUMBER

UNDECEASED

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		Length of stay in 1b 15 yrs.		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 1848 S. 10th. Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1848 S. 10th. Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MALINDA CATHERINE ALDRIDGE				4. DATE OF DEATH Month Day Year November 20, 1959			
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 3/6/1872	9. AGE (last birthday) 87	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) House wife - retired			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Wolf Lake, Illinois		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Thomas MILLER			13b. MOTHER'S MAIDEN NAME Do Not Know		14. NAME OF HUSBAND OR WIFE Warren ALDRIDGE		
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. None		17. INFORMANT Address Anna Sloan 1848 S. 10 th. St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG.						INTERVAL BETWEEN ONSET AND DEATH 1 MONTH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Carcinoma of Cheek	
						DUE TO (c) 199.2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year							
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 Aug 5 1959 to Nov 20 and last saw her alive on Nov 20 Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Phillip F. Nash D.O.				22b. ADDRESS 1829 S. 18 th. ST. St. Louis, Mo.			22c. DATE SIGNED 11/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/20/59	23c. NAME OF CEMETERY OR CREMATORY Palmer Cemetery		23d. LOCATION (City, town, or county) (State) Monroe County, Illinois			
24. FUNERAL DIRECTOR Harold A. Dashner - Dupo, Illinois			ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 20 1959	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

210707

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

Harold Washner

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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.