

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042296

FILED VS DEC 7 1959

211069

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in lb 11 days		c. CITY OR TOWN Mitchell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 317 E. Chain Of Rocks Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last MAGGIE MAY MYERS				4. DATE OF DEATH Month Day Year 11 29 59			
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 9-28-96	
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant			10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Garvey			13b. MOTHER'S MAIDEN NAME Rosella Carpentier			14. NAME OF HUSBAND OR WIFE Willis F. Myers	
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. 339-30-7403		17. INFORMANT Dorothy Rainey		
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>metastatic carcinomatosis</i> Carcinoma of Breast 170x DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 yrs.				
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 <i>June 1957</i> to <i>Nov 1959</i> and last saw her <i>Nov. 29, 1959</i> alive on Death occurred at <i>10:45 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Martin W. Davis M.D.</i>				22b. ADDRESS Humboldt Medical Bldg. St. Louis Missouri		22c. DATE SIGNED 11-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-2-59		23c. NAME OF CEMETERY OR CREMATORY Friedens E. & R. Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR John L. Sedlack		ADDRESS 2801 Madison Ave. Granite City, Ill.		25. DATE RECD. BY LOCAL REG. NOV 30 1959		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>	

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 John T. Sedlach

Licensed Embalmer No. 3747  
P. O. Address Madison, Va

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.