

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020818

FILED VS. MAY 18 1960

318 Primary Registration District No. 1003

Registralr's No. 4801

STATE FILE NUMBER

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 <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</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>City Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>7106 Michigan</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>MARY</i> Middle <i>V</i> Last <i>DANKS</i>			4. DATE OF DEATH Month <i>May</i> Day <i>4</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</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>4/14/1884</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>New York</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Ralph</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Eliz Hogan 7106 Michigan</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <i>Fractured Left Hip</i>		
DUE TO (c) <i>Cerebral Hemorrhage</i>		
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Suffered in fall in house</i>
20c. TIME OF INJURY Hour <i>?</i> Month, Day, Year <i>4 25 60 on April 25 1960.</i>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>House</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis</i>	COUNTY <i>Mo</i>	STATE
21. I attended the deceased from <i>10451</i> and last saw her/him alive on _____		Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Reg M Fendler</i> (Degree or title)		22b. ADDRESS <i>1300 Oak</i>		22c. DATE SIGNED <i>5-6-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5/7/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Olive</i>	23d. LOCATION (City, town, or county) <i>Lemay</i>	STATE <i>Mo.</i>
24. FUNERAL DIRECTOR JOS. P. FENDLER JR., 7128 MICHIGAN		25. DATE RECD. BY LOCAL REG. MAY 6 1960	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

W E Morris

Licensed Embalmer No. 336

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.