

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031993
STATE FILE NUMBER

FILED VS. AUG. 24 1960

318

1003

8124

DED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5247 Winona Ave.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5247 Winona Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARGARET Middle CARMODY Last				4. DATE OF DEATH Month Aug. Day 17 Year 1960					
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 3-26-1876	9. AGE (last birthday) 84		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Ireland		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Patrick Collins			13b. MOTHER'S MAIDEN NAME Nora Cahill			14. NAME OF HUSBAND OR WIFE Late James Carmody			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mary Carmody 5247 Winona Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis heart disease							INTERVAL BETWEEN ONSET AND DEATH 3 yrs 1 mo		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) Generalized arteriosclerosis Right Hemiplegia		
							DUE TO (c) Senility		
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.) 420.0 None					
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)							
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St James		20g. COUNTY Mo		20h. STATE			
21. I attended the deceased from July 12 1957 , to Aug 17 1960 and last saw her/him alive on Aug 15 1960 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE May Starkloff MD (Degree or title)				22b. ADDRESS 512 Doran Place				22c. DATE SIGNED 8/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 20, 1960		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.			
24. FUNERAL DIRECTOR ADDRESS Kriegshausler 4228 S. Kingshighway Blvd.				25. DATE RECD. BY LOCAL REG. AUG 17 1960		26. REGISTRAR'S SIGNATURE Carl Smith. M.D.			

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 William B. White

Licensed Embalmer No. 429

P. O. Address 4238 So King

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