

FILED VS. SEP 21 1960

318

Primary Registration District No. 1003

Registrar's No.

8665

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 St. Louis				Length of stay in 1b Life		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6050 Kingsbury Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mayme Mahoney Dwyer				4. DATE OF DEATH Month Day Year September 3rd, 1960			
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/25/1871	9. AGE (last birthday) 89	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) Retired, Saleslady-Robins Jewelry Co.			10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Missouri	11. BIRTHPLACE (City and state or country) U.S.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME James Mahoney			13b. MOTHER'S MAIDEN NAME Unknown Unknown		14. NAME OF HUSBAND OR WIFE		
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. 492-03-9402A	17. INFORMANT Mr. Walter S. Clinton Jr., 6050 Kingsbury Blvd			
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>Cardiac decompensation</i> DUE TO (b) <i>Pulmonary embolism</i> DUE TO (c) <i>Arteriosclerosis of the heart disease</i> O.K. <i>Sept 24 1960</i> Conditions, if any, which gave rise to above cause stating the underlying cause (see Part II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture - lf femur 420 DF</i> 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 INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>3 mo.</i>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>Fell at home</i>					
20c. TIME OF INJURY Hour a.m. p.m. <i>Aug 24 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>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY	STATE <i>Mo</i>	
21. I attended the deceased from <i>Aug 24 1960</i> and last saw her <i>Sept 3 1960</i> and she was alive on <i>Sept 2, 1960</i> Death occurred at <i>3:50 am.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Richard Jones MD</i>			22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>9-5-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/6/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Missouri</i>			
24. FUNERAL DIRECTOR <i>Arthur J. Donnell</i>			25. DATE RECD. BY LOCAL REG. <i>SEP 5 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>			
ADDRESS <i>3840 Lindell Blvd.</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 Francis Williams

Licensed Embalmer No. 356

P. O. Address 3840 34

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.