

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED Registration District No. 315 Primary Registration District No. 543 Registrar's No. 452 STATE FILE NUMBER 61-207221

FILED VS MAR 2 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings Length of stay in lb 13 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2443 Akins Dr Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Jennings Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2443 Akins Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARY AGNES STIES February 13 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3/1/1898 9. AGE (last birthday) 62 years
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (City and State or country) Ireland 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Frank Hamill 13b. MOTHER'S MAIDEN NAME Catherine Curran 14. NAME OF HUSBAND OR WIFE William C. Sties

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. 17. INFORMANT Address Rose Krietemeyer - 2326 Hood 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) Unknown Natural Causes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dialysis
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 _____, to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) John C. Murphy MD Asst. Health Commissioner 22b. ADDRESS 801 S. Brentwood Clayton, Mo. 22c. DATE SIGNED
 23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE Feb. 15, 1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Missouri
 24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY-5967 West Florissant 25. DATE RECD. BY LOCAL REG. 2-14-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Francis

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.