

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022614  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1927

AMENDED

FILED JUL 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Glendale Mo</b>		c. CITY OR TOWN <b>Glendale Mo</b>	
Length of stay in lb <b>20 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>#15 Hillard Road</b>		d. STREET ADDRESS (If outside, give location) <b>#15 Hillard Road</b>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>E.</b> Last <b>Dilschneider</b>		4. DATE OF DEATH Month <b>7</b> Day <b>9</b> Year <b>61</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-29-89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Quincy Ills</b>
13a. FATHER'S NAME <b>Michael Cassidy</b>		13b. MOTHER'S MAIDEN NAME <b>Juila Mullen</b>	14. NAME OF HUSBAND OR WIFE <b>Edgar H.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Edgar Dilschneider #15 Hillard Road</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary Art. Dis</b> DUE TO (c) <b>Arterio Sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> <b>10 yrs</b> <b>20 yrs</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>11:00</b> a.m. p.m.		Month, Day, Year	
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Sept. 24, 1960</b> to <b>July 9, 1961</b> and last saw her/him alive on <b>July 1, 1961</b> Death occurred at <b>11:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <b>Norman W. Drey M.D.</b>		22b. ADDRESS <b>637 N. Grand</b>	
22c. DATE SIGNED <b>7/10/61</b>			
23a. BURIAL, CREMATION, or other disposal (Specify) <b>REMOVAL</b>		23b. DATE <b>7-12-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
23d. LOCATION (City, town, or county) <b>St Louis Mo</b>			
24. FUNERAL DIRECTOR <b>Arthur J. Donnelly</b> ADDRESS <b>3840 Lindell Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>7-11-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

Dr Norman Drey

634 N. Grand Ave 12.30 to 4

Res HA 2-2288

Office 01 2-3868

### 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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3840 Lind

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.