

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007982
STATE FILE NUMBER

AMENDED

Filed MAR 15 1962 Primary Registration District No. 1003 Registrar's No. 2676

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS (If outside, give location) 5021 Wren	
3. NAME OF DECEASED (Type or print) First MARY Middle JOSEPHINE Last DUFFY		4. DATE OF DEATH Month 3 Day 7 Year 1962	
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 6-25-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) St. Charles Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert Mertens		13b. MOTHER'S MAIDEN NAME Whilamena Mittrucker	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Jeanne Sieve 5021 Wren	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
DUE TO (b) Arterio-sclerotic cardio vascular disease			Indefinite
DUE TO (c) 422.1 F			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture of nose			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 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.) at 6:30 p.m. March 7, 1962 patient apparently lost consciousness and fell on bathroom floor striking nose. No other skull inj found	
20c. TIME OF INJURY Hour 6:30 Month, Day, Year 3-7-62	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.) 07 Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo.
21. I attended the deceased from 5-14-49 to 3-7-62 and last saw her ^{her} _{him} alive on 3-1-62 Death occurred at 10:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Typed name) <i>Harold Smith, M.D.</i>		22b. ADDRESS Northland Medical Bldg. (36)	22c. DATE SIGNED 3-9-62
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE 3-10-1962	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR ADDRESS WINGBERMUEHLE 3819 So Grand Blvd.		25. DATE RECD. BY LOCAL REG. MAR 9 1962	26. REGISTRAR'S SIGNATURE <i>Harold Smith, M.D.</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

OK Helen L. Taylor Coroner 3-9-62

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 George J. Kemp, embalmer

Licensed Embalmer No. 4611

P. O. Address Home 187

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.