MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-025078
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5724

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	216		92
3			
4	0		
5	1		
6			
7	2		
8	2		
9			
10			
11			
12	90-0		
13			
	90		

AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: 60-yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3631 Hartford Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3631 Hartford Street — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Andrew Middle: G. Last: Rally
4. DATE OF DEATH: Month: June Day: 7th. Year: 1962
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/25/1887
9. AGE (last birthday): 74
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): Wholesale Grocer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Greece
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: George Rally
13b. MOTHER'S MAIDEN NAME: Anastasia Stavrikos
14. NAME OF HUSBAND OR WIFE: Mrs.Dorothy Rally
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.: [redacted]9
17. INFORMANT: Address: Mrs.Dorothy Rally, 3631 Hartford Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease with congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~~Generalized arteriosclerosis~~
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Parkinson's disease

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 10-5-48, to 6-7-62 and last saw her/him alive on 6-3-62
Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C E Mueller (Degree or title) M.D.
22b. ADDRESS: 634 N. Grand Blvd.
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/11/1962
23c. NAME OF CEMETERY OR CREMATORY: St.Matthew C metery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnell ADDRESS: 3800 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 8 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

Dr.Clarence E.Mueller
Mo.The.Bldg. 9;30-11 am.

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 Wm S Dafler

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

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.