

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009475

DO NOT WRITE ON THIS STUB

AMENDED **F**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1544**

STATE FILE NUMBER

LED FEB 19 1963

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF DATE AMENDED)
Rev. 4/59	
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2. 224	
3.	
4. 1	
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11.	
12. 76-0	
13.	
76	SHOULD READ
	ITEM NO.
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Mo		Length of stay in 1b 14 ys-9mo 10dy	c. CITY OR TOWN St. Louis Mo
c. FULL NAME OF (If NOT in hospital, give location): St Louis Chronic Hosp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 4200 S. Broadway
3. NAME OF DECEASED (Type or print) First: Marie Middle: Agnes Last: Summers			4. DATE OF DEATH Month 2 - Day 8 - Year 63
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 8/8/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	9. AGE (last birthday) 65
13a. FATHER'S NAME Thomas O'Brien		13b. MOTHER'S MAIDEN NAME Catherine Eldridge	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): unknown		16. SOCIAL SECURITY NO.	17. INFORMANT St. Vincent dePaul 4140 Lindell Bl
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary artery arteriosclerosis		DUE TO (c) General arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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.) 4201	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 4-29-48 to 2-8-63 and last saw her/him alive on 2-8-63 Death occurred at 10:05 pm m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mary W. Miller MD		22b. ADDRESS Chronic Hospital	22c. DATE SIGNED 11 Feb 63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (city, town, or county) (State)
Burial	2/13/63	Calvary Cemetery	St. Louis Mo.
24. FUNERAL DIRECTOR Callen Kelly 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. FEB 13 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

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

Not Embalmed
Signed *James G. Summers*

Licensed Embalmer No. 4142

P. O. Address St Louis

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.