

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046051

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11617** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	AMENDED
1	DATE AMENDED
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76	INSTEAD OF
76	DOCUMENT
76	MEDICAL CERTIFICATION
76	BY AFFIDAVIT OF
76	SHOULD READ
76	ITEM NO.

1. FILED DEC - 2 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		d. STREET ADDRESS (If outside, give location) 4647 Michigan Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET Elizabeth SLINKERD		4. DATE OF DEATH Month Day Year 11 24 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 1/2/1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jackson, Mo.
13a. FATHER'S NAME John E. Broderick		13b. MOTHER'S MAIDEN NAME Mary Ann Kelleher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Carl Broderick, Rt. 2-Box 523, E. St. Louis, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE		24 HOURS	
DUE TO (b) CORONARY ARTERY ARTERIOSCLEROSIS		20 YEARS	
DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED		25 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DECUBITUS ULCERS - MALNUTRITION 4201		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.)	
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 12-7-59 to 11-24-63 and last saw her alive on 11-22-63 Death occurred at 5:25 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John J. Keeney, M.D.		22b. ADDRESS 5807 Central Ave	
22c. DATE SIGNED 11-25-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-26-63	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis Mo.			
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. NOV 25 1963	
		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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 _____
Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

-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.