

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **12910** STATE FILE NUMBER

FILED JAN 16 1964

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1		
2 <i>219</i>		
3		
4 <i>1</i>		
5 <i>2</i>		
6		
7 <i>1</i>		
8 <i>1</i>		
9		
10		
11 <i>000</i>		
12 <i>75-3</i>		
13		
<i>75</i>	INSTEAD OF	DOCUMENT
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
St. Louis		St. Louis	
Length of stay in 1b		Inside Limits	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last		Month Day Year	
Percie (Mable) E. Meagher		December 24, 1963	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	White		9/20/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)	
Housework		New York	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
At Home		U.S.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
(Unavailable) Walsh		Unavailable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address	
No		Clarence Meagher, 4246 McPherson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Shock resulting from 3rd Degree Burns involving approximately 30% of body surface, plus toxic nephritis, suffered when clothing caught fire in home on December 19, 1963</i>			
DOES TO (b)			
DOES TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not referred 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.)	
		See above	
20c. TIME OF INJURY	Hour	Month, Day, Year	
	a.m. p.m.	12-19-63	
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
	Home	19 St Louis, Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____			
Death occurred at _____ <i>9:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
<i>Helen L. Taylor, Coroner</i>		<i>1300 Clark Ave.</i>	<i>12-27-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	12-27-63	Bellefontaine Cemetery	St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Albert H. Hoppe, Inc., 4700 Washington Blvd.		DEC 27 1963	<i>Road Smith, M.D.</i>

ES01200

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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

Melvin F. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911/2 Washington St. Jones 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.