

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

17954

State File No. ....

FILED MAY 28 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1110

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u> <u>Richmond Heights</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>****</u> <u>O</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>5 days.</u>		d. STREET ADDRESS (If rural, give location) <u>720 Harvard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Bell</u> b. (Middle) <u>Byrd</u> c. (Last) <u>North</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARKED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 14 1872</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>***</u>			

13a. FATHER'S NAME <u>**** Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>*****</u>		14. NAME OF HUSBAND OR WIFE <u>H. W. North</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Buchen</u> ADDRESS <u>720 Harvard</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Hypertensive Arteriosclerotic Cardiovascular Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>443X 93</u>		INTERVAL BETWEEN ONSET AND DEATH <u>26 days</u> <u>37</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of Ileum (mesenteric Thrombosis) - 2 days</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4:49 PM</u>		21e. INJURY OCCURRED WHILE (Specify) <u>NOT AT WORK</u>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from April 11, 1949, to May 5, 1949, that I last saw the deceased alive on April 11, 1949, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F.A. Kramer M.D. / Leo A. Stutner M.D.</u>		23b. ADDRESS <u>634 N. Grand Blvd. / St. Marys Hosp</u>		23c. DATE SIGNED <u>5/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Caldonia</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caldonia, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5-6-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond L. Linnig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons 6125 Delmar</u>	
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Dr. Leo Strutner  
St. Marys Hosp

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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 .....

Student Embalmer

Signed

*Jos. E. McCulloch*

Licensed Embalmer No. 2960

P. O. Address. 675 Pellmar

**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 this body is not embalmed, fact should be so stated above.