

FILED JUL 25 1949		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		State File No. 25175			
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6023			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				12	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1432a Montclair Ave.				d. STREET ADDRESS (If rural, give location) 1432a Montclair Ave.				5	
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle) Florence		c. (Last) Pease		
4. DATE OF DEATH July 8 1949			(Month)		(Day)		(Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 27, 1888		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis			12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME Olaf J. Johnson			13b. MOTHER'S MAIDEN NAME Helen Brown			14. NAME OF HUSBAND OR WIFE Clarence Pease			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Florence Pease				ADDRESS 1432a Montclair Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> <u>Arteriosclerosis</u> <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 10 L.		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H H H X					
22. I hereby certify that I attended the deceased from <u>March, 1949</u> to <u>July, 1949</u> , that I last saw the deceased alive on <u>7/8, 1949</u> and that death occurred at <u>1.30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John L. Kennedy M.D.</u>				23b. ADDRESS <u>508 No. Grand Ave</u>			23c. DATE SIGNED <u>7/9/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State) _____	
DATE REC'D BY LOCAL REG. JUL 10 1949		REGISTRAR'S SIGNATURE <u>J B Lucater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullinane Bros. 3320 N. Kingshighway				

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.

Signed.....

Fred Trick

Signed.....

Student Embalmer

Licensed Embalmer No. 3186

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