No. 300
10.48

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FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32595

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4020

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. St. Rose Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berkeley City 96
d. STREET ADDRESS (If rural, give location): 5236 Glencoe Ave., 11

3. NAME OF DECEASED (Type or Print)
a. (First): VURGIE
b. (Middle): E.
c. (Last): SAMPLES

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 15, 1904.
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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 (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Orlando Clifford
13b. MOTHER'S MAIDEN NAME: Mary Jane Hobbs
14. NAME OF HUSBAND OR WIFE: Alfred Samples Husband

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alfred Samples, 5236 Glencoe 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Far-advanced Pulmonary Tbc — 15 mos. (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None — 002X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None 002X
20. AUTOPSY? YES ☐ NO ☒

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) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-29, 1949, *to* 9-27, 1949, *that I last saw the deceased alive on* 9-27, 1949, *and that death occurred at* 6:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Kistner, M.D.
23b. ADDRESS: Mt. St. Rose San., St. Louis
23c. DATE SIGNED: 9-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 1/49.
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.,
24d. LOCATION (City, town, or county) (State): St. Louis Co.

DATE REC'D BY LOCAL REG.: 9-28-49
REGISTRAR'S SIGNATURE: Herbert R. Hamke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. W. Clark, 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

WB-59

Dr. W.F.Kistner

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 Elmo R. Sadwolf

Licensed Embalmer No. 4577

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.