

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

35419

State File No.

8917

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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 town) ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2169				
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 3646 MICHIGAN				
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) L.			c. (Last) VERSTRINGHE		
4. DATE OF DEATH		(Month) OCT.		(Day) 19		(Year) 1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July 26 1884		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 M. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW			10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME FRANCIS DAVES			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE (Deceased) EDWARD VERSTRINGHE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME EDWARD VERSTRINGHE ADDRESS 3646 MICHIGAN				
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) EMBOLISM RIGHT FEMORAL ARTERY					INTERVAL BETWEEN ONSET AND DEATH 348	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIO - DUE TO (c) VASCULAR DISEASE						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					1 YEAR	
19a. DATE OF OPERATION 10/13/50		19b. MAJOR FINDINGS OF OPERATION GANGRENE RIGHT LEG					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ (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? HIT				
22. I hereby certify that I attended the deceased from Sept 14, 1950 , to Oct 19, 1950 , that I last saw the deceased alive on Oct 19, 1950 , and that death occurred at 12:15 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE George A. Davison M.D. (Degree or title) _____				23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 10/20/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 23 1950		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. OCT 27 1950		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James C. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

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: