

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18770  
4500  
Registrar's No.

318

1003

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		2149				
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH			(Month)		(Day)		(Year)			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		
Female		White		Married		8-3-1875		75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Homemaker						Old Allen		Mo USA		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Thomas Aaron Fray			Rebecca			Biswell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			ADDRESS			
				Hazel Reynolds			5339 Itaska			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					4 months			
		Cerebral arteriosclerosis & haemorrhage								
		ANTECEDENT CAUSES					5 years			
		diabetes Mellitus								
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
		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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
				2led X						
22. I hereby certify that I attended the deceased from April 1947, to May 9, 1951, that I last saw the deceased alive on 5-9, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.										
23a. SIGNATURE				(Degree or title)		23b. ADDRESS		23c. DATE SIGNED		
Dwight Becke, M.D.				D		3720 Washington Blvd.		5-9-51		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)		(State)		
Removed		4-9-1951				Clark Mo				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS	
MAY 7 1951		J B Lasater			Rowland Mortuary Service Inc.				4104 Manchester Ave. St. Louis 10, Mo.	

4500

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

*Ronald O. Yalinski*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3917*

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.