

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21722**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2174**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2219	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 1801 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION THE GREAT RUSSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) Iola b. (Middle) Senter c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 5-13-1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-30-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Mc Glasson	13b. MOTHER'S MAIDEN NAME Melinda Hill	14. NAME OF HUSBAND OR WIFE Otis
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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 Boone Henager ADDRESS 4160 McPherson
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) _____		3 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe jaundice probably due to hepatic malignancy		30 days

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **6/1**, 19**50**, to **5/13**, 19**51**, that I last saw the deceased alive on **5/11**, 19**51**, and that death occurred at **1:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Shesler MD (Degree or title)	23b. ADDRESS Ridgeway, Mo.	23c. DATE SIGNED 5/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-15-51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 5-14-51	REGISTRAR'S SIGNATURE Robert P. ...	FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS _____
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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.....
Student Embalmer

Signed *Peter B. Dubrouillet*.....

Licensed Embalmer No. *369*.....

P. O. Address *Richmond Heights*.....

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.