

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31311

State File No. \_\_\_\_\_

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8068

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. LENGTH OF STAY (in this place) 1 week

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169

d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital

d. STREET ADDRESS (If rural, give location) 3916 Miami Street

3. NAME OF DECEASED  
a. (First) Melissa b. (Middle) \_\_\_\_\_ c. (Last) Bigham

4. DATE OF DEATH (Month) (Day) (Year) September 7-1951

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH March 6-1873 9. AGE (In years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Anniston, Missouri

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Jacob McQuin 13b. MOTHER'S MAIDEN NAME Frances Childres 14. NAME OF HUSBAND OR WIFE Ed. Bigham

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 ADDRESS Hattie Reed 3916 Miami St.

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ARTERIOSCLEROTIC HEART DISEASE

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) BRONCHOPNEUMONIA  
DUE TO (c) UREMIA

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
5 YEARS  
3 DAYS  
3 DAYS

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION NONE 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? H2O

22. I hereby certify that I attended the deceased from Dec, 1947, to SEPT 7, 1951, that I last saw the deceased alive on SEPT 7, 1951, and that death occurred at 7:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. Danner MD 23b. ADDRESS 25203 Chippewa 23c. DATE SIGNED 9/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 9-10-51 24c. NAME OF CEMETERY OR CREMATORY New St. Marcs 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. SEP 11 1951 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette

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

Dr. Geo. Harman  
5400 Minona Ave

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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 \_\_\_\_\_

*L. B. Cooper*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3623

P. O. Address 2317 Lafayette

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.