

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39856

FILED DEC 15 1951

State File No. 10935
Registrar's No. 10935

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 WK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5976(a) Highland			

3. NAME OF DECEASED (Type or Print) Margaret			a. (First)		b. (Middle) Vishion		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1951		
---	--	--	------------	--	---------------------	--	-----------	--	--	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 30, 1874		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 4		11. IF UNDER 1 WEEK Days 9		12. IF UNDER 1 MIN. 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) St. Louis, Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
---	--	--	--	-----------------------------------	--	--	--	---	--	--	--	-------------------------------------	--	--	--

13a. FATHER'S NAME UNKNOWN				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE Ernest C. Vishion			
----------------------------	--	--	--	-----------------------------------	--	--	--	---	--	--	--

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 Rev. S.T. Summers, 7115 Roland Blvd			
--	--	--	--	-------------------------	--	--	--	---	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis Coronary artery DUE TO (c) Coronary arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus Arteriosclerosis obliterans								INTERVAL BETWEEN ONSET AND DEATH 9 hrs 9 hrs years years years	
---	--	---	--	--	--	--	--	--	--	---	--

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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42001	
--	--	--	--	--	--	----------------------------------	--

22. I hereby certify that I attended the deceased from 30 November 1951, to 9 December 1951, that I last saw the deceased alive on 9 December, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert L. Eiden, M.D.				23b. ADDRESS 216 S. Kingshighway, St. Louis				23c. DATE SIGNED 12-10-51			
---	--	--	--	---	--	--	--	---------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) 4		24b. DATE 12/11/51		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEMETERY, ST. LOUIS COUNTY				24d. LOCATION (City, town, or county) (State) MO			
---	--	--------------------	--	--	--	--	--	--	--	--	--

DATE REC'D BY LOCAL 1951 DEC 11		REGISTRAR'S SIGNATURE Leah Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Chambelli Mortuary, 4215 Lindbergh			
---------------------------------	--	----------------------------------	--	--	--	--	--	--	--

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.

Signed.....
Student Embalmer

Signed *Rex E Campbell* Student Embalmer No.....

Licensed Embalmer No. *3881*

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.