

No. 300
10-48
FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

42864
State File No. 11133
318 1003
REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		3. NAME OF DECEASED a. (First)		4. DATE OF DEATH (Month) (Day) (Year)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		b. COUNTY MISSOURI		b. (Middle)		b. COUNTY TEXAS	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. (Last)		9/120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS XXXXXX LOTT		d. (Last)		0	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 15 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) (Months) (Days) 62 9 29		11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0	
13a. FATHER'S NAME Curtis Garner		13b. MOTHER'S MAIDEN NAME Fidelia Bray		14. NAME OF HUSBAND OR WIFE James (Deceased)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Estate Joe Hailey Marlin Texas			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>atypical pneumonia</i> ANTECEDENT CAUSES <i>Rheumatoid Arthritis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week <i>uncertain</i>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>492-X</i>			
22. I hereby certify that I attended the deceased from <i>12/7</i> , 19 <i>51</i> , to <i>12/14</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/14</i> , 19 <i>51</i> , and that death occurred at <i>9:A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Thomas W. Parker D M.D.</i>		23b. ADDRESS <i>4660 Maryland</i>		23c. DATE SIGNED <i>12/15/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-17-51		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. DEC 17 1951		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.			

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 *Jack Haupt*
Licensed Embalmer No. *4746*

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.