S. No. 300
v. 10.48

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3410
323
Registrar's No. 0323

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: CHRISTIAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, 21 09
d. STREET ADDRESS (If rural, give location): 4307 FARLIN AVE

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) C. c. (Last) TIERNEY
4. DATE OF DEATH (Month) (Day) (Year): JAN 11, 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 10/20/1889
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: 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): COLLINSVILLE ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: WENDTENWELLE
13b. MOTHER'S MAIDEN NAME: HELEN RAUBER
14. NAME OF HUSBAND OR WIFE: MATTHEW TIERNEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: VIRGINIA BRICE — ADDRESS: 4307 FARLIN AVE

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basic Tumor, Rt Cerebrum — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 332K

22. *I hereby certify that I attended the deceased from* 3-3, 1949, *to* 1-11-, 1952, *that I last saw the deceased alive on* 1-7, 1952, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Grace M.D. (Degree or title)
23b. ADDRESS: 7315 Pasadena Blvd St Louis, Mo
23c. DATE SIGNED: 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/14/52
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG. JAN 12 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE

(Licensed Embalmer's Statement on Reverse Side)

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

Certified Thursday

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 Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

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.