

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17683**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4540**

FILED JUN 6 1952

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 3745 Lindell Blvd.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) ELISABETH		b. (Middle) C	
c. (Last) AARON		Month MAY Day 14 Year 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 22 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hotel	9. AGE (In years last birthday) 33
11. BIRTHPLACE (City and State or Foreign Country) Walnut Ridge, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur Luckman		13b. MOTHER'S MAIDEN NAME Bessie Bechtol	
14. NAME OF HUSBAND OR WIFE Robert Aaron		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Luckman, Poplar Bluff Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) PULMONARY VALVULAR STENOSIS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) INTERVENTRICULAR SEPTAL DEFECT	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5/14/52		19b. MAJOR FINDINGS OF OPERATION PULMONARY VALVULOTOMY	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from MAY 10 , 19 52 , to MAY 14 , 19 52 , that I last saw the deceased alive on MAY 14 , 19 52 , and that death occurred at 5:05 pm. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Marvin B. Levens, M.D.		23b. ADDRESS 600 S. KINGSHIGHWAY	
23c. DATE SIGNED MAY 14, 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 5-15-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 15 1952		ADDRESS 4700 Washington Blv	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John J. Harris

Licensed Embalmer No. *7108*

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.