

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18593

State File No. _____

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3944**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2059	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 5540 Maple	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5540 Maple		e. STREET ADDRESS (If rural, give location) 5540 Maple	

3. NAME OF DECEASED (Type or Print) a. (First) Adele b. (Middle) Storv c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 4/25/52		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Feb. 9 1877	9. AGE (in years last birthday) 75	10. MONTHS 2	11. DAYS 16	12. HOURS 16	13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY self			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Long	13b. MOTHER'S MAIDEN NAME Catherine Stock	14. NAME OF HUSBAND OR WIFE George
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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 OF NAME Mr. John Long	18. ADDRESS 6253 Tholozan
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & aortic arteriosclerosis DUE TO (c) Diabetes mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Diabetes mellitus	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? 331X
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22. I hereby certify that I attended the deceased from **Jan 1949**, to **4-25, 1952**, that I last saw the deceased alive on **4-24, 1952**, and that death occurred at **8:40** m., from the causes and on the date stated above.

23a. SIGNATURE Richard Jones MD	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 4-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/28/52	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. APR 28 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Howard	ADDRESS 619 So. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leonard Remelius

Licensed Embalmer No. 4283

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.