

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18594**

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **3941**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
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 Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 12 4903 Delmar-Roosevelt Hotel	

3. NAME OF DECEASED (Type or Print) a. (First) DELLA b. (Middle) URANIA c. (Last) STORY		4. DATE OF DEATH (Month) (Day) (Year) April 25, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8/21/1889
9. AGE (In years last birthday) 62 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher	11. BIRTHPLACE (State or foreign country) St. James, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher		10b. KIND OF BUSINESS OR INDUSTRY Southwest High	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Jacob Story	13b. MOTHER'S MAIDEN NAME Josephine Emory	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna S. Bright, 4515 Maryland

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 10 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Polycystic Kidney 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 <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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 757.1

22. I hereby certify that I attended the deceased from **Feb 12, 1952**, to **APRIL 25, 1952**; that I last saw the deceased alive on **April 25, 1952**, and that death occurred at **12:48** a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Gubinski M.D.	(Degree or title)	23b. ADDRESS 3701 Crandall Sq	23c. DATE SIGNED Apr 26, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4/28/52	24c. NAME OF CEMETERY OR CREMATORY St. James, Mo	24d. LOCATION (City, town, or county) (State) St. James, Missouri

DATE REC'D BY LOCAL REG. APR 26 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, 6175 Delmar	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1952 AUG 4

OCT 27 1953

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 Joseph E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

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.