

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22768  
Registrar's No. 5232

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5232	
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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2237	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp.			d. STREET ADDRESS (If rural, give location) 2014 <sup>a</sup> So. Broadway		
3. NAME OF DECEASED (Type or Print) a. (First) LULA		b. (Middle) ERLINE		c. (Last) VESTAL	
4. DATE OF DEATH (Month) (Day) (Year) June 4, 1952		5. SEX / 6. COLOR OR RACE Female / White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 5, 1925		9. AGE (In years last birthday) 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Bismarck, Mo.	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Grenia		13b. MOTHER'S MAIDEN NAME Pearl Hicks	
14. NAME OF HUSBAND OR WIFE Ralph Vestal		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Vestal, 2014a So. Broadway, St. Louis					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fr of stroke, subdural hemorrhage</i> when found near rear porch of garage at 2014 So Broadway about 130 am June 4 1952 DIE TO (b) II. OTHER SIGNIFICANT CONDITIONS Whether the result of <i>Accidental Means Dr Homeopath</i> Conditions contributing to the death but not related to the disease or condition causing death. <i>could not be determined after medical</i>					
INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE <i>Accidental</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>June 4 52 18 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E9020</i>	
22. I hereby certify that I attended the deceased from <i>19</i> , to <i>19</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>130A</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>J.S. Taylor</i>			23b. ADDRESS <i>3 Coronet 1300 Clark</i>		23c. DATE SIGNED <i>7 June 52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>JUNE 7, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>ST. MATTHEWS</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLaughlin Funeral Home 2301 Lafayette</i>			
DATE REC'D BY LOCAL REG. <i>JUN 9 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>			

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

Maudie

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FEB 15 1962

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 James R. Chapman

Licensed Embalmer No. 4550

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.