

26419

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 22 1952 STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6758**

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 2654 Natural Bridge		d. STREET ADDRESS (If rural, give location) 20 2654 Natural Bridge	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) ANNA c. (Last) TOWNS			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 15, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 4 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 None	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Ernst Holser,		13b. MOTHER'S MAIDEN NAME n.k.		14. NAME OF HUSBAND OR WIFE Elmer Towns, Deceased	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellsworth Towns, 5318 Englewood Pl.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		DUE TO (b) Myocardial Disease Chronic			?
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized Arteriosclerosis			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus					10-15 yrs

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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221	

22. I hereby certify that I attended the deceased from **7-8**, 19**52**, to **7-10**, 19**52**, that I last saw the deceased alive on **7-10**, 19**52**, and that death occurred at **1:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert Kaplan Jr. M.D.		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 7-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
DATE REC'D BY LOCAL REG. JUL 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary, 2117 E. Grand Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Frank G. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

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.