

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43669**
Registrar's No. **11547**

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pulaski | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Karnak | | 8120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) Fred | | a. (First) | | b. (Middle) Mount | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1952 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | |
| 8. DATE OF BIRTH Dec. 10, 1871 | | 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | 11. BIRTHPLACE (State or foreign country) Simpson, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Jasper Mount | | 13b. MOTHER'S MAIDEN NAME Jane Thomson | | 14. NAME OF HUSBAND OR WIFE Louella | | | |
| 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 Alice Mount, Karnak, Ill. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of spleen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal-vascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suprapubic prostatectomy | | | | INTERVAL BETWEEN ONSET AND DEATH 24 hours 2 months 3 weeks | |
| 19a. DATE OF OPERATION 21 Nov 52 | | 19b. MAJOR FINDINGS OF OPERATION Large hypertrophy of prostate gland, benign | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 21f. HOW DID INJURY OCCUR? 442X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 3 Nov. 1952 , to 14 Dec. 1952 , that I last saw the deceased alive on 13 Dec. 1952 , and that death occurred at 12:30 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE G. H. Burford, M.D. | | (Degree or title) | | 23b. ADDRESS 958 Arcade Bldg., St. Louis, Mo. | | 23c. DATE SIGNED 15 Dec. 52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-14-52 | | 24c. NAME OF CEMETERY OR CREMATORY Vienna Fraternal | | 24d. LOCATION (City, town, or county) (State) Vienna, Ill. | |
| DATE REC'D BY LOCAL REG. DEC 15 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | | ADDRESS 4700 Washington Blvd. | |

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton P. 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.