No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4012

FILED FEB 13 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 388

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (In this place): 1-wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7250 Forsyth Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: 2199
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
d. STREET ADDRESS (If rural, give location): 3730 Lindell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): A.
c. (Last): Motherway

4. DATE OF DEATH (Month) (Day) (Year): Feb.2,1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Nov.23,1875
9. AGE (In years last birthday): 77 — If under 1 year: Months 2, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse-Retired-Pratical
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (City and State or Foreign Country): Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Unknown
13b. MOTHER'S MAIDEN NAME: Mary Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: not known
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.John Hanlen,7250 Forsyth Blvd.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive Heart failure — Interval between onset and death: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteri-sclerotic Heart — 10 yrs
DUE TO (c) disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial asthma — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Feb 2, 1953, *that I last saw the deceased alive on* Feb 1, 1953 *and that death occurred at* 1:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: 4952 Maryland Ave.
23c. DATE SIGNED: 2/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb.4,1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Alton, Ill.

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Herbert R. Dank
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly ADDRESS: 3730 Lindell Blvd.

(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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.