

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 492

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>ROCK HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN</u> <u>4161</u>	
c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		d. STREET ADDRESS (If rural, give location) <u>6221 LORAINNE AVE</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROCK-HILL-NURSING-HOME</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>CARRIE</u>		b. (Middle) <u>FRANCIS</u>	
c. (Last) <u>EASON</u>		(Month) (Day) (Year) <u>2</u> <u>9</u> <u>53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-2-1870</u>
9. AGE (in years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>7</u>	11. UNDER 100 Hrs. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN NORRIS</u>		13b. MOTHER'S MAIDEN NAME <u>MALISSA SHORT</u>	
14. NAME OF HUSBAND OR WIFE <u>ALBA-EASON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ELMER-S-EASON-461 CLEMENS</u>		ADDRESS <u>443X</u>	
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) <u>Hemorrhage from a cerebral vessel</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac-vascular disease - over 4 yrs.</u> 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Feb 28</u> <u>1949</u> , to <u>Feb. 9</u> , 1953, that I last saw the deceased alive on <u>Feb 8</u> , 1953, and that death occurred at <u>3:14</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James B. Jones</u>		23b. ADDRESS <u>337 W. Lockwood Webster Grove 19, Mo.</u>	
23c. DATE SIGNED <u>Feb 10, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-11-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL-PARK-CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Danks - M.D.</u>		ADDRESS <u>JAY B. SMITH-7456 MANCHESTER-MAPLEWOOD</u>	
DATE REC'D BY LOCAL REG. <u>2-10-53</u>			

r. T. (Licensed Embalmer's Statement on Reverse Side)

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

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FILED FEB 20 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. L. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.