THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15416

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3862

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. LENGTH OF STAY (in this place) 6 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY Marion

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Centralia 8120 8

d. STREET ADDRESS (If rural, give location) 841 East Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) Marie b. (Middle) Josephine c. (Last) Almegord

4. DATE OF DEATH (Month) (Day) (Year) April 11, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov.28,1899

9. AGE (In years last birthday) 53 — 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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Nandrin, Belgium 4

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Antoine Orval

13b. MOTHER'S MAIDEN NAME Leonie Halleux

14. NAME OF HUSBAND OR WIFE Ole M.Almegord

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. None

17. INFORMANT'S SIGNATURE OR NAME Ole M.Almegord, Centralia, Ill. ADDRESS

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) Tumor

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Increased Internal

DUE TO (c) Pressure

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Objected as cruytome?

INTERVAL BETWEEN ONSET AND DEATH

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? 193 X

22. *I hereby certify that I attended the deceased from* April 11, 1953, *to* April 11, 1953, *that I last saw the deceased alive on* April 11, 1953, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. R. Bradley M.D.

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-12-53

24c. NAME OF CEMETERY OR CREMATORY Hillcrest

24d. LOCATION (City, town, or county) (State) Marion, Co., Ill.

DATE REC'D BY LOCAL REG. APR 14 1953

REGISTRAR'S SIGNATURE J. Earl Smith M.D. MJB

25. FUNERAL DIRECTOR'S SIGNATURE Albert H.Hoppe, 4700 Washington Blvd ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis, MO

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

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