

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19140

State File No.

FILED JUN 4 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5137**

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 5121 WASHINGTON BL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 2103 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS d. STREET ADDRESS (If rural, give location) 5121 WASHINGTON BL	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) A c. (Last) HLRIDGE		4. DATE OF DEATH (Month) (Day) (Year) MAY 20-1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JAN. 1-1902
9. AGE (In years last birthday) 91 If under 1 year: Months Days If under 1 week: Hours Mins.		11. BIRTHPLACE (State or foreign country) MAINE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME GEORGE H. PUTNEY		13b. MOTHER'S MAIDEN NAME FRANCES SPRINGER	
14. NAME OF HUSBAND OR WIFE SIDNEY HLRIDGE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Margaret Volmer-5121 Washington	
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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atrial Fibrillation Arteriosclerotic Heart Disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 days 1 mo yes? 1 1/2 years	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42010	
22. I hereby certify that I attended the deceased from April 27, 1953, to May 17, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 10:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John V. Lawrence M.D.		23b. ADDRESS St. Louis (L3) Mo 634 No Grand Ave.	
23c. DATE SIGNED 5-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE MAY 23-1953		24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.		DATE REC'D BY LOCAL REGISTRAR MAY 22 1953	
REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE P. Mullen and Co.	
ADDRESS 5165 Nehmar Bl		ADDRESS 5165 Nehmar Bl	

MAY 3 1955

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 M. W. Kreter

Licensed Embalmer No. 4865

P. O. Address St Louis

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

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