

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27215

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1930

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u> c. LENGTH OF STAY (in this place) <u>3 WEEKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND 423 X</u> d. STREET ADDRESS (If rural, give location) <u>10314 PINE VIEW CT</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>W</u> c. (Last) <u>VINYARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 10 53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>NOV 5 1882</u>
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWOMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at HOME</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DANIEL E LINEAS</u>		13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE OSBOURNE</u>	
14. NAME OF HUSBAND OR WIFE <u>PAUL VINYARD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAUL VINYARD JR 10314 PINE VIEW</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Thrombosis Posterior Inferior Cerebellar Artery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	
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)	
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?		22. I hereby certify that I attended the deceased from <u>June 19, 1953</u> , to <u>July 10, 1953</u> , that I last saw the deceased alive on <u>July 9, 1953</u> and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Walter Moore, M.D.</u>		23b. ADDRESS <u>6376 Clayton Rd St Louis 17 Mo</u>	
23c. DATE SIGNED <u>7/11/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>JULY 13, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>7133 GRANDIS ST. LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herbert R. Domb M.D. STOCK MORTUARY 8895 BIRANTWOOD BLVD</u>	
DATE REC'D BY LOCAL REG. <u>7-13-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STOCK MORTUARY 8895 BIRANTWOOD BLVD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

27215

526

CLAYTON 5, MO

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.