

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 31 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7659

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital,		d. STREET ADDRESS (If rural, give location) 12 5060 Cates Ave.,	
3. NAME OF DECEASED (Type or Print) Verda		4. DATE OF DEATH (Month) (Day) (Year) August 4, 1953	
5. SEX Female, /		6. COLOR OR RACE White,	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,		8. DATE OF BIRTH March 16, 1902	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home,	
11. BIRTHPLACE (State or foreign country) White County, Illinois, /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franklin Patrick Fulford,		13b. MOTHER'S MAIDEN NAME Effie May Foster,	
14. NAME OF HUSBAND OR WIFE Hale E. York,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 361-05-2906	
17. INFORMANT'S SIGNATURE OR NAME Hale E. York,		ADDRESS 5060 Cates Ave.,	
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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 8 hours	
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) H-2011			
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 Aug 2, 1953, to Aug 4, 1953, that I last saw the deceased alive on Aug 4, 1953, and that death occurred at 8:40 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Thomas E. Pondrace D.M.D.		23b. ADDRESS 4660 Maryland 8-8 Paris 9/5/53	
23c. DATE SIGNED 9/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 8-6-53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Springerton, Illinois,	
DATE REC'D BY LOCAL OFFICE AUG 5 1953		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1037 11 20

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John E. Percy

Licensed Embalmer No. 4092

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.