

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41525
Registrar's No. 2817

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544

1. PLACE OF DEATH
a. COUNTY St Louis
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE Mo. COUNTY St Louis

b. CITY OR TOWN Kirkwood c. LENGTH OF STAY (in this place) 10 months
c. CITY OR TOWN Kirkwood No. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2013 Lilly
e. STREET ADDRESS (If rural, give location) 2013 Lilly 4020

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Megson c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 10, 1878 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 8 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Manchester England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Ratcliffe. 13b. MOTHER'S MAIDEN NAME Elizabeth Jones
14. NAME OF HUSBAND OR WIFE Laurence Megson

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 ADDRESS Mrs J.E. Smack 2013 Lilly, Kirkwood

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 1 hour
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardio-Vascular Disease. 8 to 10 years
DUE TO (c) Arteriosclerosis 8 to 10 years
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 4201
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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Sept 24~~ 1953, to Oct 31, 1953, that I last saw the deceased alive on Sept 21, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Chester M. Jones MD
23b. ADDRESS 1042 1/2 Magnolia Rd. Kirkwood (22) Mo.
23c. DATE SIGNED 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 2 1953
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Kirkwood 22 Mo.

DATE REC'D BY LOCAL REG. 11/2/53 REGISTRAR'S SIGNATURE Herbert B. ...
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood 22 Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Felix Human*

Licensed Embalmer No. *3034*

P. O. Address *Northwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.