

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3504

State File No.

FILED JAN 14 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 23

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | c. CITY OR TOWN <u>Ferguson</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Knoll Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>Route #10, Box 535</u> <u>4000</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ANNE</u> | b. (Middle) <u>DE PUE</u> | c. (Last) <u>ECHOLS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-54</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 5, 1883</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Spencer, W. Virginia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>(Unknown) De Pue</u> | 13b. MOTHER'S MAIDEN NAME <u>Anne Campbell</u> | 14. NAME OF HUSBAND OR WIFE <u>Leonard S. Echols Dec'd</u> |
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| 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 <u>L.S. ECHOLS</u> ADDRESS <u>Rt. 10, FERGUSON, MO.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>unknown</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous strokes</u> | | | <u>12 years</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 <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 Nov 30, 1953, to Jan 2, 1954, that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 3:58 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Lewis Lettmann MD</u> (Degree or title) | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> | 23c. DATE SIGNED <u>1/4/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>1-4-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-4-54</u> | REGISTRAR'S SIGNATURE <u>Nesbet R. Donke, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL</u> ADDRESS <u>FERGUSON, MISSOURI</u> |
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SW (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 *Eleanora Poynce*

Licensed Embalmer No. 3403

P. O. Address Jennings,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.