

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6920

State File No.

FILED MAR 4 1954

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1211

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1211			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>39</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2406 SIMPSON</u>				e. STREET ADDRESS (If rural, give location) <u>2406 SIMPSON Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>			b. (Middle) _____		c. (Last) <u>VAN Note</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-54</u>		
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>5-30-1874</u>		9. AGE (In years last birthday) (Specify) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESIDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>VAN Note Prtg Co</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>R.W. McGuire</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>HARRY L.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>H99-01-7075</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H.F. Hlang 914 Pine St</u>				
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>CORONARY OCCLUSION</u> ANTECEDENT CAUSES DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) <u>ARTERIO SCLEROSIS, GENERALIZED</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u> <u>5 YEARS</u> <u>10 YEARS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>4200</u>					
22. I hereby certify that I attended the deceased from <u>MARCH 16, 1951</u> , to <u>FEB. 8, 1954</u> , that I last saw the deceased alive on <u>FEB. 8, 1954</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert A. Hall</u>				23b. ADDRESS <u>M.D. 3902 LAFAYETTE ST. LOUIS, Mo</u>		23c. DATE SIGNED <u>FEB. 8, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interred</u>		24b. DATE <u>2-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>FEB 8 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. 2707 N Grand</u>				

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

MAY 18 1958

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.....

Licensed Embalmer No. 40

P. O. Address.....

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.