

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6741**

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **348**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY OR TOWN Kirkwood 4683
d. FULL NAME OF HOSPITAL OR INSTITUTION 696 W. Washington St.		e. STREET ADDRESS (If rural, give location) 696 W. Washington St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Vivien	b. (Middle) A.	c. (Last) Elbring	4. DATE OF DEATH (Month) (Day) (Year)	Feb. 9 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 1, 1889	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Fordyce, Arkansas	12. CITIZENSHIP OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Albert Acruman	13b. MOTHER'S MAIDEN NAME Mollie S Lochridge	14. NAME OF HUSBAND OR WIFE DIVORCED
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary A. Goerner	ADDRESS 521 W. Polo Drive
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, chronic		
	ANTECEDENT CAUSES DUE TO (b) unknown DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from **1 Aug.**, 19**54**, to **9 Feb.**, 19**55**, that I last saw the deceased alive on **9 Feb.**, 19**55**, and that death occurred at **6:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 9926 Manchester Rd, Richmond, Va. Mo.	23c. DATE SIGNED 2-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 11-55	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 2-10-55	REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE McCullinane Bros.	ADDRESS 3320 N. Kingshighway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Fred Frick*.....

Licensed Embalmer No.....318

P. O. Address St..Louis, ..

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.