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

THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17704

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4149

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4713
d. STREET ADDRESS (If rural, give location): 1200 McKinley

3. NAME OF DECEASED (Type or Print): a. (First) Earl b. (Middle) Miller c. (Last) Cone
4. DATE OF DEATH (Month) (Day) (Year): April 25th 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 24th 1903
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Post-Dispatch
11. BIRTHPLACE (City and State or Foreign Country): Avonmore, Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Milo C. Cone
13b. MOTHER'S MAIDEN NAME: Della Mueller
14. NAME OF HUSBAND OR WIFE: Dorothy Cone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-03-2804
17. INFORMANT'S SIGNATURE OR NAME: Dorothy Cone — ADDRESS: Above

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage due to rupture of undetermined artery of brain — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

~~3315~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
443X
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) m.
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* May 12, 1953, *to* April 25, 1956, *that I last saw the deceased alive on* April 23, 1956, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Rabb (Degree or title) MD
23b. ADDRESS: 634 N. Grand Blvd.
23c. DATE SIGNED: 4/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-28-56
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: APR 27 1956
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: JAY B. SMITH, Maplewood, Mo. — ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed H P Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.