

S. 300  
V. 156

securing the medical certification in the specific manner required by §§ 143, 140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. Misstatements will be listed. All  
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

114720  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 853

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, give TOWNSHIP only) OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION 8520 Church Bell Lane			Length of stay in 1b yrs.	d. STREET (If outside, give location) ADDRESS 8520 Church Bell Lane		
3. NAME OF DECEASED (Type or print) First Middle Last ALPHA D EADE			4. DATE OF DEATH Month Day Year 3 29 57			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1891	9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and state or country) Bond County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alfred Thomas Eade			14. MOTHER'S MAIDEN NAME Mary Kessner			
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. unknown	17. INFORMANT Luella Kleckner			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <del>acute</del> CEREBRAL HAEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 1 WEEK 4 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from APRIL 7 1953, to APRIL 29 1957 and last saw her alive on APRIL 29-57 Death occurred at 2:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE E. E. Farley, Sr.		(Degree or title)	22b. ADDRESS 667 1/2 Williams Ave.		22c. DATE SIGNED 7-30-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-30-57	23c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery		23d. LOCATION (City, town, or county) Bond Grove, Illinois	(State)	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar		ADDRESS	25. DATE RECD. BY LOCAL REG. 3/30/57	26. REGISTRAR'S SIGNATURE Herbert A. Donkey		

Dr. E. E. Farley  
6623 Lillian  
Ev 5-4533

10:30 till 12 noon Sat.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.