ept. Health,
c., & Welfare
. S. Public
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V. S. 300
Rev. 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45563
STATE FILE NUMBER 11973

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hamilton Nursing Center — Length of stay in 1b: 1 Yr.8 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: University City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8146 Cornell — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Rude Last: Applegate

4. DATE OF DEATH Month Day Year: December 13,1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: April 9,1868

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Rude

13b. MOTHER'S MAIDEN NAME: Elizabeth Shields

14. NAME OF HUSBAND OR WIFE: Bennett C.Applegate

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.: None

17. INFORMANT Address: Mr Bennett J.Applegate 8146 Cornell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis — 5 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1954 to Dec 13,1957 and last saw her/him alive on Dec 12 1957
Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley M Hall MD

22b. ADDRESS: 457 N. Kingshighway St. Louis

22c. DATE SIGNED: 12/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec.14,1957

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Keytesville,Missouri

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.: DEC 13 57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Dr.Stanley Wald
457 No.Kingshighway
Fo.7-5308
1 To 5.P.M.

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 Jos. E. McCulloh

Licensed Embalmer No. 2960

P. O. Address 6175 Delmar

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.