Health, Welfare Public Service

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FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027726
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1905

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St. Mary's Hosp — Length of stay in 1b 24 hours	d. STREET ADDRESS (If outside, give location) 5930 Bartmer ave. — Reside on Farm Yes ☐ No ☒

20 59 0

3. NAME OF DECEASED (Type or print)	First GERTRUDE	Middle ANN	Last BECOM	4. DATE OF DEATH Month Day Year 7-18-58
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-8-1892	9. AGE (In years last birthday) 65 — 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) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Carmi, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Vines		14. MOTHER'S MAIDEN NAME Frances Hayes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Elmer Vines, Corning, Ark.		

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 18 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒ none

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 May 5 1958 to July 18, '58 and last saw her alive on July 18, 1958. Death occurred at 4:25 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. E. Oppenheimer, M.D.	22b. ADDRESS 35 N. Central, Clayton, Mo 5	22c. DATE SIGNED 7-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7-19-58	23c. NAME OF CEMETERY OR CREMATORY Local Cem.
23d. LOCATION (City, town, or county) (State) Corning, Arkansas		
24. FUNERAL DIRECTOR ADDRESS Russell, Ermert, Corning, Arkansas	25. DATE RECD. BY LOCAL REG. 7-19-58	26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms 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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 33

P. O. Address Al Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.