

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037552

STATE FILE NUMBER 9876

FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9876

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Omega Township</b> <b>8120 S</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>32</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ESTNA MARY ALDERSON</b>			4. DATE OF DEATH Month Day Year <b>OCTOBER 14, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 5, 1886</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>Omega Township, Illinois</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wesley W. Alderson</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Windows</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Charles Burns</b> Address <b>East St Louis, Ill</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY INFARCT</b> DUE TO (b) <b>POLYCYTHEMIA VERA</b> DUE TO (c) <b>294XF</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>G.I. BLEEDING FRACTURE OF LEFT HIP</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2-2 1/2 DAYS</b> <b>SEVERAL YEARS</b>
20a. ACCIDENT <input checked="" 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.) <b>Fell at Home</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>? a.m. 9-29-58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>32 Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Omega Township, Illinois</b>	
21. I attended the deceased from <b>OCT. 6, 1958</b> to <b>OCT. 14, 1958</b> and last saw her alive on <b>OCT. 14, 1958</b> Death occurred at <b>8:20 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. Vermillion, M.D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>10/15/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Oct 15 / 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parker Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett Illinois</b>
24. FUNERAL DIRECTOR <b>Burnes Agnes Ave Charles Burns</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 15 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MO m.j.B.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by Charles Blum....., Student Embalmer No. .... working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 486.....

P. O. Address Atlanta Ill.....

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.