

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035165  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2731

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS - CO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Length of stay in lb <u>MONTH</u>	c. CITY OR TOWN <u>W - CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST-LOUIS-CO-HOSPIT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6636 ETZEL - AVE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>SUSAN</u> Last <u>ALDERSON</u>			4. DATE OF DEATH Month <u>9</u> Day <u>26</u> Year <u>61</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 12 72-31</u>	9. AGE (last birthday) <u>72-31</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>FERTILE - MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN PINSON</u>		13b. MOTHER'S MAIDEN NAME <u>COLE</u>		14. NAME OF HUSBAND OR WIFE <u>RAMSON-ALDERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>RAMSON-ALDERSON-6636 ETZEL</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxicity &amp; debilitation</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Prolonged hospitalization - bed</u>		
	DUE TO (c) <u>Fx (R) femur (hip), 3 mos. post-op, infected.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>3:20</u> a.m. <u>2</u> p.m.	Month, Day, Year <u>8-29-1961</u> to <u>9-26-1961</u> and last saw her <u>alive</u> on <u>9-26-1961</u>	21. I attended the deceased from <u>8-29-1961</u> to <u>9-26-1961</u> and last saw her <u>alive</u> on <u>9-26-1961</u> Death occurred at <u>3120</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John E. Oakley, M.D.</u> (degree or title)		22b. ADDRESS <u>601 So. Brentwood, Clayton</u>	22c. DATE SIGNED <u>9-26-61</u>

23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT 28 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAURE-HILL</u>	23d. LOCATION (City, town, or county) (State) <u>CLAYTON MO</u>
24. FUNERAL DIRECTOR <u>FEY-FUNERAL-HOME</u> <u>MEHLVILLE</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-61</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

Consented Embalmer's Statement on Reverse Side)

DEC 20 1961

**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 Gustav W. D.

Licensed Embalmer No. 432

P. O. Address St Louis

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.