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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40229

FILED NOV 26 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10170

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5540 Maple Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community (Isabella S. Story.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5540 Maple Ave. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Isabella S. Story
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 7 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	----	5	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired;
11. Industry or business School Teacher.
MOTHER FATHER
12. Name John Story. 4
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Sarah Rutledge.
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mrs. George R. Story.
(b) Address 5540 Maple Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) NOV 13 1947 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1947 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec. 9, 1944, to November 12, 1947 that I last saw her alive on Nov. 12, 1947. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Arterio Sclerosis	
Due to General Arterio Sclerosis	
Due to Arterial Hypertension	
Other conditions (Include pregnancy within 3 months of death) Cerebral Hemorrhage 12/9/44	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Hiram L. Huggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 11/12/47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Me

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 this body is not embalmed, fact should be so stated above.