

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15048**
Registrar's No. **1501**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Ballwin Mo.**
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Ballwin**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eva M. Searles**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **16**
year **1948** hour **11** minute **am**
21. I hereby certify that I attended the deceased from **Sept 17**
1946 to **April 15** **1948**
that I last saw her alive on **April 15** **1948**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **September 8 1881**
(Month) (Day) (Year)

Immediate cause of death _____
Acute Cardiac failure sudden
Due to **Chr. Myocarditis**
Senil arteriosclerosis
Due to **Hypertension 3d**
Other conditions **Previous lt. hemiplegia**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
66 7 8 hr. min.
9. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Wife**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **WM. Watkens**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **L. Searles**
(b) Address **4969 Potomac**
17. (a) **Removal** (b) Date thereof **4 / 17 / 48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Medora Ill.**
Rowland Mortuary Service
18. (a) Signature of funeral director _____
(b) Address **104 Manchester Ave.**
19. (a) **4-19-48** (b) **Paul G. [Signature]**
(Date received local Registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Ed Deering** (M. D. or other)
Address **Deere Court, Ill.** Date signed **4-17-48**

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

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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..... *Paul M. Seymour*
Licensed Embalmer No. *4343*
P. O. Address..... *St Louis Mo*

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.