

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34461

FILED OCT 18 1948

State File No. 8708

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GERTRUDE MEAD

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leslie Mead 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 20 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 14 hr. min.

9. Birthplace Manistee County Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Joseph Hurlburt

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hurlburt

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Mead

(b) Address Fort Riley, Kansas

17. (a) Cremation (b) Date thereof 10/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blyd.

19. (a) 10-6-48 (b) J. B. Sasser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3683 Olive Street
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th
year 1948 hour 4 minute 17 P. M.

21. I hereby certify that I attended the deceased from 10/3/48
19 _____ to Oct. 4th 19 48

that I last saw her BT alive on Oct. 4th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Asenmia Duration _____

Due to Asteriolonephrosclerosis

Due to _____

Other conditions 1/2/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph J. Sasser Date signed 10/15/48
Address 1115 Lafayette

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

MOTHER FATHER

1942

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 *Gustav W. Dittel*.....

Licensed Embalmer No. *4329*.....

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.