

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2600

FILED JAN 19 1949

318

1003

Registrar's No. 255

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 255 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURALouis (Beve Coeur) | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital | | | | d. STREET ADDRESS (If rural, give location) NR Route #2, Creve Coeur, Mo. | | | |
| 3. NAME OF DECEASED (Type or Print) Ella | | | a. (First) _____ b. (Middle) _____ c. (Last) DEARING | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1949 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH July 31, 1871 | |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR 5 | | IF UNDER 1 YEAR Days 9 | | IF UNDER 1 MIN. Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. | |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME Robert Nieden | | 13b. MOTHER'S MAIDEN NAME Rose Mueller | | 14. NAME OF HUSBAND OR WIFE Oscar L. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eleanor Durston 5830 Walsh | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cholera intestinalis refracta</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>puerperia</i> DUE TO (c) <i>Smallpox</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1871</i> | | | | INTERVAL BETWEEN ONSET AND DEATH yes <i>2 hrs.</i> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <i>Jan 7, 1948</i> to <i>Jan 9, 1949</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>Lordsburg, Mo.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>H-S Pyne M.D.</i> (Degree or title) | | | | 23b. ADDRESS 2752 Cherokee St. | | 23c. DATE SIGNED _____ | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 12-19 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. JAN 10 1949 | | REGISTRAR'S SIGNATURE <i>J B Kasater</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Becky Funeral Home</i> 3029 Lafayette | | | |

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

msc
12/7/00

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.

Signed.....

David De Fossom

Student Embalmer

Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave.

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.