

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2883
775
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>4219 Ashland</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4219 Ashland Ave</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Elizabeth</i> b. (Middle) <i>Kemp</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 25, 1949</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	
8. DATE OF BIRTH <i>May 15, 1858</i>		9. AGE (In years last birthday) <i>90</i>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Hamburg, Penn.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Timothy Rair</i>		13b. MOTHER'S MAIDEN NAME <i>Strohl</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Leon R. Smith 4219 Ashland Ave</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial failure</i>		DUPLICATE					
ANTECEDENT CAUSES		DUPLICATE					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					
DUE TO (b) <i>Semility</i>		DUPLICATE					
DUE TO (c) <i>arterio-sclerosis</i>		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>450.0 97</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 *Jan*, 1947, to *Jan*, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at *8.30 Pm.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. B. Casater M.D.</i>		23b. ADDRESS <i>3625 Fair Ave</i>		23c. DATE SIGNED <i>1/26/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal via Rail</i>		24b. DATE <i>Jan. 27, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hamburg, Penn.</i>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Casater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math. Hermann & Son, Inc. 2161 E. Fair Ave</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Walter H. Burnley

Signed.....

Student Embalmer

Licensed Embalmer No. *42055*

P. O. Address *W. Burnley, Ill.*

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.