

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1566

0420

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital		d. STREET ADDRESS (If rural, give location) 4133 Cleveland Ave.	
3. NAME OF DECEASED (Type or Print) Anna		4. DATE OF DEATH (Month) (Day) (Year) February 16, 1949	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 11, 1867	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) New London Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Asa Glascock		13b. MOTHER'S MAIDEN NAME Sue Ellen Jones	
14. NAME OF HUSBAND OR WIFE Peter J. Lyng		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Leo Lyng 6206 Itaska Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular renal syndrome @ DUE TO (c) with arteriosclerosis, hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AD Penile carcinoma of rt Breast.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 2/8, 1949, to 2/16, 1949, that I last saw the deceased alive on 2/15, 1949, and that death occurred at 10:38 a.m., from the causes and on the date stated above.	
23a. SIGNATURE In/William Reed		23b. ADDRESS 3804 W. University Ave	
23c. DATE SIGNED 2/17/49.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-19-49		24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	
24d. LOCATION (City, town, or county) (State) New London Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Geo. J. Stuart	
25. FUNERAL DIRECTOR'S ADDRESS 225 Union Bl.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 18 1949 J. B. Lasater	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

ALLIANCE
3804 Wilmington
2-5 P.M.

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.

Student
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.