

FILED APR 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. 11011

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 600

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY <i>077</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, St. Louis County		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>077</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home, 2		d. STREET ADDRESS (If rural, give location) 4615 Bulwer Ave.	

3. NAME OF DECEASED (Type or Print) Phillipine (Lena) Follin			4. DATE OF DEATH March 9, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1869	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Hours 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph Ferdinand	13b. MOTHER'S MAIDEN NAME Phillipine ?	14. NAME OF HUSBAND OR WIFE Edward
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 Mrs. Hazel F. Schmidt
		17. ADDRESS 735a Marshall

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Semitizing		
	DUE TO (c) 331x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 83	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)	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 June 23, 1948, to March 9, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE G. F. Morlin, M.D.	23b. ADDRESS 3507 Polkman	23c. DATE SIGNED 3-10-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-12-1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 3-12-49	REGISTRAR'S SIGNATURE Thurbell Lunge	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith	ADDRESS 7456 Manchester Rd.
----------------------------------	--------------------------------------	---	-----------------------------

**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.....

*W. P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.