

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13926**
Registrar's No. **3818**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 18 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Scheller		999 11
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,			d. STREET ADDRESS (If rural, give location) 2		
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) Bell	c. (Last) Laur	4. DATE OF DEATH (Month) (Day) (Year) April 27 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec-25-1883	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Jefferson County Ill		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Fleming		13b. MOTHER'S MAIDEN NAME Barnes	14. NAME OF HUSBAND OR WIFE Bonnie Laur		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alene Pitman Waltonville Ill		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Superior mediastinal hematoma DUE TO (c) Heparin therapy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriovenous aneurysm of the internal		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION carotid, right. Ligation of cavernous portion of internal carotid, right.		20. AUTOPSY? YES <input checked="" 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) 36		21f. HOW DID INJURY OCCUR? 7950	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from April 9, 1949 , to April 27, 1949 , that I last saw the deceased alive on April 27, 1949 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Bradley		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 4/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-27-49	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Waltonville Illinois		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: APR 29 1949 J. B. Lavelle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rowland Mortuary Service 4104 Manchester Ave.			

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

M.R.
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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.....

J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. *40513*

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.