

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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1003

State File No. 13943

Registrar's No. 3774

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 13943		Registrar's No. 3774				
1. PLACE OF DEATH a. COUNTY <u>AT HOME 6806 WEST PARK AVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>W. MO</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS MO</u>			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME 6806 WEST PARK AVE</u>				d. STREET ADDRESS (If rural, give location) <u>6806 WEST PARK AVE</u>								
3. NAME OF DECEASED (Type or Print) <u>EUNICE</u>			a. (First)		b. (Middle) <u>MARY</u>		c. (Last) <u>LONDON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-49</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 22-1898</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 2 HRS. Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ELSAH ILL</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JAMES PIGGOTT</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA WARDHEIM</u>			14. NAME OF HUSBAND OR WIFE <u>OSCAR LONDON</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>494-26-7137</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O. London</u> ADDRESS							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Ventricular Flutter</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
				ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>							2 wks.	
				DUE TO (c)								
				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								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) <u>95th</u>							
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? <u>4013</u>							
22. I hereby certify that I attended the deceased from <u>April 4, 1949</u> , to <u>April 26, 1949</u> , that I last saw the deceased alive on <u>April 26, 1949</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>James C. Shy, M.D.</u> (Degree or title)					23b. ADDRESS <u>4047^a Gravois, St. Louis</u>				23c. DATE SIGNED <u>4/27/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>APRIL 28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA</u>			24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 27 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Lasater</u>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watson / Parkway 6536 Clayton R</u>							

Rue 145 Mo

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

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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.

Student
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.