

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17035  
4270  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood St. Louis	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 7045 Southerland Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Park Lane Mem. Hospt.			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida Charlotte	b. (Middle) Alverson	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				May 12 1949

5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1881	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10	IF UNDER 1 DAY Hours 28	IF UNDER 1 MIN. Min.
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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) Lebanon Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Casper Stumpfa	13b. MOTHER'S MAIDEN NAME Sarah Stoe	14. NAME OF HUSBAND OR WIFE Thomas C. Alverson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thomas C. Alverson	ADDRESS 7045 Southerland
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 Min.  1 year  2 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculer Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anteriorly heart dis. DUE TO (c) Hypertension		
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"/>
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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) 930
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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
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22. I hereby certify that I attended the deceased from June 14 1881, to May 12, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Knight	(Degree or title) J. M. D.	23b. ADDRESS Mrs. Shelia Kelly - H. L.	23c. DATE SIGNED May 13, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 14th, 1949	24c. NAME OF CEMETERY OR CREMATORY St. James Mo.	24d. LOCATION (City, town, or county) (State) St. James Mo.
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DATE RECEIVED BY LOCAL HEALTH DEPT MAY 13 1949	REGISTRAR'S SIGNATURE J. B. Rooster	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Rooster	ADDRESS 7966 Maplewood Mo.
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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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



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.