

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH 1003

17187

State File No. 4255

#25224

318

BIRTH NO. #25224		REG. DIST. NO. 318		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 MD b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (In this place) 14 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 218 SALISBURY ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 218 SALISBURY ST.			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) J.		c. (Last) DANSBY		4. DATE OF DEATH (Month) (Day) (Year) May 12th, 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 9 1887	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) UNK. GEORGIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNK. CROSBY		13b. MOTHER'S MAIDEN NAME UNK. COOK		14. NAME OF HUSBAND OR WIFE WILLIS DANSBY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIS DANSBY 218 SALISBURY ST.			
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) Cerebrovascular Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) 89 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X			
22. I hereby certify that I attended the deceased from 4/19/49, 19, to 5/12/49, that I last saw the deceased alive on 5/12/49, 19, and that death occurred at 5:20AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Wm. L. Bryan M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 5/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 13, 1949		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDEN		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. OFF. MAY 12 1949		REGISTRAR'S SIGNATURE <i>J. B. Fawcett</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDEMEYER 490NS 3934 N. 20 ST.			

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

26

*miss*

**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 *Norman B. Prohaska*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *2724 N 20 St*

**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.