

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17705**  
Registrar's No. **4551**

FILED MAY 27 1949

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>4551</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS,</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5333 BARTMER AVE;</b>			5 STREET ADDRESS <b>5333 BARTMER AVE.,</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b>		b. (Middle) <b>PRICE</b>	c. (Last) <b>SIMPSON.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 22, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>DEC 31 1866</b>	9. AGE (in years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>CUBA, MISSOURI.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN GILBERT.</b>		13b. MOTHER'S MAIDEN NAME <b>MARY McCLARNEY.</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>CORA MORRIS;</b>		ADDRESS <b>5333 BARTMER AVE; ST. LOUIS, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Intestinal Obstruction</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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) <b>122</b>	
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? <b>5703</b>	
22. I hereby certify that I attended the deceased from <b>June 10th 1947</b> , to <b>May 22, 1949</b> that I last saw the deceased alive on <b>May 21, 1949</b> , and that death occurred at <b>2:30A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Chas. B. Kane M.D.</b>		23b. ADDRESS <b>706 Walton</b>		23c. DATE SIGNED <b>May 23 '49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>MAY 24, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CREMATORY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI</b>		DATE REC'D BY LOCAL REG. <b>MAY 23 1949</b>			
REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons;</b>		
ADDRESS <b>7233 Delmar Blv</b>					

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

to my relatives

11-11  
4-3-2

**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 Clarence A. Murray

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

Licensed Embalmer No. 4011

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.