

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21148

State File No. 5211

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY *** --			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ****			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2 mos	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			11. STREET ADDRESS (If rural, give location) 4944 Forest Park Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Cronje b. (Middle) Paul c. (Last) Hembree			4. DATE OF DEATH (Month) (Day) (Year) June 16 1949			
5. SEX M	6. COLOR OR RACE C W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 31, 1909	9. AGE (in years last birthday) 49	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry		10b. KIND OF BUSINESS OR INDUSTRY Jewish Hosp.	11. BIRTHPLACE (State or foreign country) Piggot Ark.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Franklin Hembree		13b. MOTHER'S MAIDEN NAME Ollie May Beard		14. NAME OF HUSBAND OR WIFE Ella Riddle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 430167703	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Hembree Jr. 4944 Forest Pk.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) <u>Carcinoma of liver ?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 yr</u> <u>6 mo</u>
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) Hot			
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? 1587			
22. I hereby certify that I attended the deceased from 6-10, 1949, to 6-16, 1949, that I last saw the deceased alive on 6-16, 1949, and that death occurred at 5:30 A.M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Mome Alex M.D. U			23b. ADDRESS 216 So. Kings Highway		23c. DATE SIGNED 16 Jun 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/49	24c. NAME OF CEMETERY OR CREMATORY Piggott Cem.	24d. LOCATION (City, town, or county) (State) Piggott Ark.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 16 1949		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons		ADDRESS 6175 Helmer		

(Licensed Embalmer's Statement on Reverse Side)

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

Jos. E Mc Cullough

Licensed Embalmer No. *2460*

P. O. Address *6135 Delme*

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.