

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25364

State File No. _____

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **6534**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6534			
1. PLACE OF DEATH a. COUNTY - _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis, Missouri</u>)		c. LENGTH OF STAY (in this place) (township) <u>1 mo. 23 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELLEVILLE</u>		999			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>316 N. CHURCH</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>		b. (Middle) <u>JOHANNA</u>		c. (Last) <u>VIRGIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-1949</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>Nov. 11-1912</u>			
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE OWN HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>BELLEVILLE ILL</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>EDWARD OWEN</u>		13b. MOTHER'S MAIDEN NAME <u>FRIEDA BECHREID</u>			
14. NAME OF HUSBAND OR WIFE <u>CLINTON VIRGIN</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Clinton Virgin</u>				17. ADDRESS <u>316 N. Church</u>		17. ADDRESS <u>Belleville Ill</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patent ductus arteriosus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subacute bacterio endocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>congenita</u>	
19a. DATE OF OPERATION <u>7/27/49</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>157</u>					
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? <u>93244</u>					
22. I hereby certify that I attended the deceased from <u>June 3, 1949</u> , to <u>July 27, 1949</u> , that I last saw the deceased alive on <u>July 27, 1949</u> , and that death occurred at <u>10:28Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. Bradley</u> (Degree or title)				23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>7/27/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE ILL.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. L... ..</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pete Sandman</u>					

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1949

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 _____

working under my personal supervision.

Student Embalmer No. _____

Body not embalmed

Student
Student Embalmer

Signed *P. Gardner*

Licensed Embalmer No. _____

P. O. Address _____

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.