FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28645

State File No. 7984

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5307 Claxton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5307 Claxton Ave.,

3. NAME OF DECEASED (Type or Print): a. (First) Allie b. (Middle) c. (Last) Vineyard

4. DATE OF DEATH (Month) (Day) (Year): August 24-1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 22, 1868

9. AGE (In years last birthday): 80 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): Nil

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Wm. Neely Murrell

13b. MOTHER'S MAIDEN NAME: Elvira Cotton

14. NAME OF HUSBAND OR WIFE: Late Wm. Vineyard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: J.N.Vineyard 1936 N. Market Str.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Dont Know

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1st, 1948, *to* Aug. 24, 1949, *that I last saw the deceased alive on* Aug. 24, 1949 *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. R. Menown (Degree or title) M.D.

23b. ADDRESS: 5330 Geraldine Av.

23c. DATE SIGNED: 8-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 26th, 1949

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

24d. LOCATION (City, town, or county) (State): St. Louis County

DATE REC'D BY LOCAL REG.: AUG 25 1949

REGISTRAR'S SIGNATURE: J. B. Sasaler

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leidner Und. Co. 2223 St. Louis Av.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz.

Licensed Embalmer No. 1679

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.