S. No. 300
v. 10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28869

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2062

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ballwin
c. LENGTH OF STAY (In this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pine Crest Home

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

3. NAME OF DECEASED (Type or Print) a. (First) Lillian Fidelia b. (Middle) Hadley c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 8 - 26 - 49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jany 20, 1863
9. AGE (In years last birthday) 86 yrs. IF UNDER 1 YEAR Months 18 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Highland Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME — Powell
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE John J. Hadley

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 Gladys Hadley ADDRESS 4954 Itaska 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardit

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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: 1/22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
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* Sept 3, 1947, *to* Aug 26, 1949, *that I last saw the deceased alive on* Aug 22, 1949, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. S. Merklin MD
23b. ADDRESS 3507 Polonoe
23c. DATE SIGNED 8-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 28, 1949
24c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery
24d. LOCATION (City, town, or county) Pocahantas (State) Illinois

DATE REC'D BY LOCAL REG. 8-29-49
REGISTRAR'S SIGNATURE Herbert R. Demba/dm
25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary ADDRESS 4215 Lindell Bl.

(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 Rex C Campbell

Licensed Embalmer No. 3881

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.