

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31967

State File No. 8449

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8449	
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) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6519 Nashville Ave.				d. STREET ADDRESS (If rural, give location) 6519 Nashville Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret V. b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 11, 1873		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Columbia, Ill		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME E. J. Urmev		13b. MOTHER'S MAIDEN NAME Levina Morgan		14. NAME OF HUSBAND OR WIFE Angus McCallum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edwin McCallum		ADDRESS 3764 Chippewa	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 hours	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) essential hypertension					unknown	
	DUE TO (c) generalized arteriosclerosis, toxic goiter, thyroid heart disease, chronic myocarditis					unknown	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY-TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 3:31 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall			
22. I hereby certify that I attended the deceased from April 14, 1948 , to Sept. 30, 1949 , that I last saw the deceased alive on Sept. 30, 1949 , and that death occurred at 6:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE Samuel Schütz (Degree or title) M.D.				23b. ADDRESS 2813 S. Watson Blvd.		23c. DATE SIGNED 10/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/3/49		24c. NAME OF CEMETERY OR CREMATORY Oakridge Cem.		24d. LOCATION (City, town, or county) (State) Malvern, Ark.	
DATE REC'D BY LOCAL REG. OCT 1 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paschedag - Henke 2825 N. Grand Blvd			

(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

J. W. M. Dinkley

Licensed Embalmer No. *3653*

P. O. Address *Spaulding Ave*

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.