.S. No. 300
EV. 10.48

FILED DEC 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36832

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. _____

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

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

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

36
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3. NAME OF DECEASED (Type or Print)
a. (First): Birdie
b. (Middle):
c. (Last): Lund

4. DATE OF DEATH (Month) (Day) (Year): 12-7-49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Nov 16-1864
9. AGE (In years last birthday): 85 — 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): Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: ? Vance
13b. MOTHER'S MAIDEN NAME: Sarah Onstadt
14. NAME OF HUSBAND OR WIFE: —

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: Mrs. Marguerite Chapman
ADDRESS: Union Mo

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): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 1500

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* 1 October, 19 48, *to* 7 December, 19 49, *that I last saw the deceased alive on* 7 December, 19 49, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm R. Richardson MD
23b. ADDRESS: Union, Missouri
23c. DATE SIGNED: 7 Dec 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/49
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: Dec. 8 - 1949
REGISTRAR'S SIGNATURE: F.T. Cooper - E.F.C. 98 0
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H Bopp, Inc
ADDRESS: Kirkwood Mo

12:20 A.M.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 14 1949
District Health Officer No. 9,
District File Number

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 Rolland H Bopp

Licensed Embalmer No. 3042

P. O. Address 12 N. Hanley

Clayton 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.