

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43207

State File No. 04813

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

BIRTH NO. _____		REG. DIST. NO. <u>197</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>None</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carsonville</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>25 OR TOWN St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>202 No 12Th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Albert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12) 27) 49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>About 69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Penn Nursing Home 4410 Carson Rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES <u>Right hemiplegia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral hemorrhage</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS) <u>Arteriosclerotic Cardiovascular disease 4) Decompenation 3) Decubitus ulcers</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 weeks</u> <u>6 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>Dec 14, 1949</u> , to <u>Dec 27, 1949</u> , that I last saw the deceased alive on <u>Dec 27, 1949</u> , and that death occurred at <u>1:35P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis Littman M.D.</u>				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>12/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12) 30) 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery St. Louis County Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>12-29-49</u>		REGISTRAR'S SIGNATURE <u>Robert R. Blom, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collins Funeral Home 10123 St. Char. &amp; d.</u>			

8231 WASHINGTON ST. PL 3744

OCT 29 1956

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.