

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6995

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>135 Chester Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Delilah</u> b. (Middle) <u>MARIE</u> c. (Last) <u>MARDISSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 27, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Albert Thackery</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Endicott</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John H. Huber, Kirkwood, Mo.</u>	ADDRESS <u>Kirkwood, Mo.</u>
---	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>1 year +</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		<u>1949 +</u>
DUE TO (c) <u>Arteriosclerosis</u>		<u>1949 +</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arriplegia (apoplexy)</u>		<u>1949 +</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</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?

22. I hereby certify that I attended the deceased from 12/1, 1949 to 2/23, 1950, that I last saw the deceased alive on 2/23, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Womke</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>5203. Chippewa St.</u>	23c. DATE SIGNED <u>2/24/50</u>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marissa Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marissa, Ill.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-25-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Womke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boop, Inc.</u>	ADDRESS <u>Kirkwood, Mo.</u>
--	--	--	---------------------------------

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

003  
1

---

---

**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 Felix Hlurand.....

Licensed Embalmer No. 3034.....

P. O. Address Kirtwood 22 Ind.....

**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.