

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7094**
Registrar's No. **381**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 446		Registrar's No. 381	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town or township) Overland		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Overland		d. FULL NAME OF HOSPITAL OR INSTITUTION 8006 Titus Rd		d. STREET ADDRESS (If rural, give location) 8006 Titus Rd.	
3. NAME OF DECEASED (Type or Print)		a. (First) FRANCES		b. (Middle) E.		c. (Last) HALE	
4. DATE OF DEATH Febr. 11, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 25, 1890		9. AGE (in years last birthday) 59		IF UNDER 1 YEAR Months 7 Days 16		IF UNDER 24 HRS. Hours 16 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Crooked Creed, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Wilcox		13b. MOTHER'S MAIDEN NAME Elizabeth Gerow		14. NAME OF HUSBAND OR WIFE Howard C. Hale			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Howard C. Hale, ADDRESS 8006 Titus Rd., Overland, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Art. sclerotic cordis - vas dis = hypertension		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				24 mo.	
DUE TO (b) _____		DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
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 July 1972 , to Feb 11, 1950 , that I last saw the deceased alive on Feb 10, 1950 and that death occurred at 10:15 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Wayne O. Laska, M.D. (Degree or title)		23b. ADDRESS 2739 No. Grand		23c. DATE SIGNED 2-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. FEB 13 1950		REGISTRAR'S SIGNATURE Elizabeth P. ...		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, ADDRESS 7450 Manchester Rd., Maplewood 17, Mo.			

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.