

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11507

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **755**

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston (14).</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston (14).</b> <b>4290</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1450 N. 70th Street,</b>		d. STREET ADDRESS (If rural, give location) <b>1450 N. 70th, Street.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b>	b. (Middle) <b>Vagert.</b>	c. (Last) <b>McPherson.</b>	4. DATE OF DEATH (Month) (Day) (Year). <b>March 21, 1950.</b>
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5. SEX <b>Female.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>June 9, 1923.</b>	9. AGE (In years last birthday) <b>26.</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife..</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Former Comptometer operator.</b>	11. BIRTHPLACE (State or foreign country) <b>Omaha, Nebraska.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benjamin Vagert.</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Dusek.</b>	14. NAME OF HUSBAND OR WIFE <b>Eugene D. McPherson.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene D. McPherson,</b> ADDRESS <b>1450 N. 70th St.</b>
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <b>795.5</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Lupton</b> (Degree or title) <b>Local Registrar of Vital Statistics</b>	23b. ADDRESS <b>651 South Brentwood Boulevard</b>	23c. DATE SIGNED <b>3/22/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal..</b>	24b. DATE <b>3/23/50.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Omaha, Nebraska.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 22 1950</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert R. Lupton</b> ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4050

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

*Arnold W. Schene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.

SEP. 22 1944