

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15082

State File No. 3963
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		State File No. 3963	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 80-yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 3918a Cottage Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) Jane c. (Last) Vincent			4. DATE (Month) (Day) (Year) DEATH May 1, 1950				
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. ?		8. DATE OF BIRTH Mar. 22, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 18 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph English			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mr. Rudolph Vincent		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Rudolph Vincent, 3918 Cottage Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute congestive heart failure ANTECEDENT CAUSES myocardial damage Morbidity conditions, if any, giving rise to the above cause (b) stating the underlying cause last. arterio sclerosis DUE TO (b) Old Coronary infarction DUE TO (c) Fall in home on or about II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not stated in the disease or condition causing death. Fall in home on or about					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION From left April 18-50				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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 18 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at home			
22. I hereby certify that I attended the deceased from Apr 18, 1950 , to May 1, 1950 , that I last saw the deceased alive on May 1, 1950 , and that death occurred at 11 a.m. , from the causes and on the date stated above. AW							
23a. SIGNATURE (Degree or title) B. H. Pelker M.D.				23b. ADDRESS 3121 N Grand		23c. DATE SIGNED 5/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 2 1950		REGISTRAR'S SIGNATURE J. B. Foster		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Bonnelly		ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Erasmus R.R.

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.....

Thomas R Fenwick

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.