

4005

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 15261

317

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO. 3069  |  | Registrar's No. 1167   |  |
| 1. PLACE OF DEATH<br>a. COUNTY ST. LOUIS  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri<br>b. COUNTY St. Louis |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN RICHMOND HEIGHTS  |  | c. LENGTH OF STAY (in this place) 14 days   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN University City                                    |  | 4336   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL  |  |   |  | d. STREET ADDRESS (If rural, give location)<br>714 Berick Drive  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) RUTH  |  | b. (Middle) FRANCES   |  | c. (Last) HALL   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>May 5 1950                              |  |
| 5. SEX Female   |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married   |  | 8. DATE OF BIRTH March 1, 1898   |  |
| 9. AGE (In years last birthday) 2   |  | IF UNDER 1 YEAR Months 4  |  | IF UNDER 4 HRS. Days 4   |  | Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>at home  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Missouri   |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  |
| 13a. FATHER'S NAME Charles S. Maybury   |  | 13b. MOTHER'S MAIDEN NAME Clara Goodwin   |  | 14. NAME OF HUSBAND OR WIFE Aura C. Hall   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)<br>No   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. David C. Biggs, 5370 Waterman Blvd.  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal meningitis (14) with cerebral abscess<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>14 days<br>5 days<br><br>3401                |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)  |  | 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 April 21, 1950, to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 8:32 A.M., from the causes and on the date stated above.   |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br>Fred Kramer M.D.  |  |   |  | 23b. ADDRESS<br>634 N. Grand   |  | 23c. DATE SIGNED<br>5-5-50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial   |  | 24b. DATE<br>May 8, 1950  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Oak Hill Cemetery  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County Mo.            |  |
| DATE REC'D BY LOCAL REG.<br>MAY 6 1950  |  | REGISTRAR'S SIGNATURE<br>Hubert Kolonka, M.D.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>R. Lupton & Sons; 7233 Delmar Blvd.,   |  |  |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

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.