

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24709

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6019

1. PLACE OF DEATH

a. COUNTY St. Louis, Missouri

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (In this place) 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE ILLINOIS b. COUNTY MADISON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLLINSVILLE 8120

d. STREET ADDRESS (If rural, give location) 909 Prospect Ave. 8

3. NAME OF DECEASED

a. (First) NORA b. (Middle) ETHEL c. (Last) DOVE

4. DATE OF DEATH (Month) (Day) (Year) JULY 13, 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4

8. DATE OF BIRTH 6-10-1893 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Peebles, Ill 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Sindley 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 2222 17. INFORMANT'S SIGNATURE OR NAME Roy Sindley - Collinsville, Ill ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Infarct, cerebral INTERVAL BETWEEN ONSET AND DEATH 2 mos

ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, cerebral ? years

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1950 19b. MAJOR FINDINGS OF OPERATION Removal left temporal subcortical thrombus 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 334X

22. I hereby certify that I attended the deceased from July 11, 19 50 to July 13, 19 50, that I last saw the deceased alive on July 13, 19 50, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE Eugene T. Standley M.D. (Degree or title) 23b. ADDRESS Barnes Hospital, St. Louis, Mo. 23c. DATE SIGNED 7-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE JULY 13, 1950 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county), (State) SORRENTO, ILLINOIS

DATE REC'D BY LOCAL HEALTH DEPT. JUL 18 1950 REG. DIST. REG. SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert A. Rosely, Collinsville, Ill

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

6709

**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.....

*Herbert A. Hardy*

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. *6890*

P. O. Address *Calumville, Ill.*

**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.