

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 22 1950 STANDARD CERTIFICATE OF DEATH

State File No. 24875

6098

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Gallatin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo</b>		c. LENGTH OF STAY (If this place) <b>1 hour</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ridgeway</b>		<b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print) <b>ANN A</b>		a. (First)		b. (Middle)		c. (Last) <b>Hish</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>7-14-50</b>		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>Nov. 10, 1898</b>		9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Ridgeway, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Leonard Bahl</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Scheely</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Hish</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Hish, Ridgeway, Ill.</b>			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive cardiovascular disease</b>				<b>2 yr.</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. <b>Diabetes Mellitus</b>				<b>2 yr.</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H/31</b>			
22. I hereby certify that I attended the deceased from <sup>12:30</sup> <b>7-14, 1950</b> , to <sup>1:58</sup> <b>7-14, 1950</b> , that I last saw the deceased alive on <b>7-14, 1950</b> , and that death occurred at <b>1:30</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R Bradley</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>7/14/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-14-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>		24d. LOCATION (City, town, or county) (State) <b>Ridgeway, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 15 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

(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.....

*Elmo R. Caldwell*

Signed.....

Student Embalmer

Licensed Embalmer No.....

4077

P. O. Address.....

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.