

FILED AUG 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28508
Registrar's No. 7095

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				d. STREET ADDRESS (If rural, give location) 5975 Lotus Ave.,			
3. NAME OF DECEASED (Type or Print) LEMUEL		a. (First)		b. (Middle) EDWID		c. (Last) NORTHRUP.	
4. DATE OF DEATH Aug 20 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept-27-1890		9. AGE (In years last birthday) 59	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Training Officer		10b. KIND OF BUSINESS OR INDUSTRY Veterans school	
11. BIRTHPLACE (State or foreign country) Hill City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George Northrup		13b. MOTHER'S MAIDEN NAME Mary Cole	
14. NAME OF HUSBAND OR WIFE Esther Northrup		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) es#1.		16. SOCIAL SECURITY NO. #1. 491-26-5979.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Northrup 5975 Lotus 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary artery disease</u> <u>years</u> DUE TO (c) <u>Arteriosclerosis</u> <u>years</u> 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				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. HOW DID INJURY OCCUR? <u>4201</u>	
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"/>		22. I hereby certify that I attended the deceased from <u>May 26, 1950</u> , to <u>Aug. 20, 1950</u> , that I last saw the deceased alive on <u>Aug 20, 1950</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>May S. Franklin</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>8/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 23/50.		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. OFFICE AUG 2, 1950		REGISTRAR'S SIGNATURE <u>J. B. Basster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark, 1125 Hodiament Ave.,</u>			

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

Dr. Max S. Franklin,
Mo. Ther. Bldg.,
NE. 4375. 2-4 P.m.

mail

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 *me*

working under my personal supervision.

Student Embalmer No.

Signed *Max S. Franklin*

Signed.....
Student Embalmer

Licensed Embalmer No. *4699*

P. O. Address *A. Charles, 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.