

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29034

State File No. \_\_\_\_\_

317

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 6076 Registrar's No. 1884

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. L.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>VINITA PARK</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8135 WASHINGTON</u>	
c. LENGTH OF STAY (in this place)		4270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8135 Washington</u>		d. STREET ADDRESS (If rural, give location) <u>VINITA PARK</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lois</u>	b. (Middle) <u>O.</u>	c. (Last) <u>Kressmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1950</u>
--	------------------------	-----------------------	----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov-30-1857</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 4 HRS. Hours <u>4</u> Min. <u></u>
----------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Ills.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE _____
-----------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. C. Bradley, Jr.</u>	ADDRESS <u>9018 Olive St., Rd</u>
---	-------------------------------------	--	-----------------------------------

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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) <u>Sensitization</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 10-2-48, 1948, to 8-1, 1950, that I last saw the deceased alive on 8-1-50, 1950; and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles R. Meador, M.D.</u> (Degree or title)	23b. ADDRESS <u>415 Central, Clayton</u>	23c. DATE SIGNED <u>8-4-50</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. L. Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 6 1950</u>	REGISTRAR'S SIGNATURE <u>Robert Adams, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc</u>	ADDRESS <u>Kilwood</u>
---	---	--	------------------------

WRITE PLAINLY—USING UNFAADING 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 *Robert B. Dubouillet*

Licensed Embalmer No. *3691*

P. O. Address *Rockwood Heights, Md.*

**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.