

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

31515

State File No.

#114981

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 8102

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 8102					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269			d. STREET ADDRESS (If rural, give location) 26 2623 Hadley 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				3. NAME OF DECEASED (Type or Print)		a. (First) HESTER		b. (Middle) ANN		c. (Last) ANTHONY		4. DATE OF DEATH (Month) (Day) (Year) Sept. 25th, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Jan. 7, 1871		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Butler Co., Mo. 0				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Clark				13b. MOTHER'S MAIDEN NAME Sarah King				14. NAME OF HUSBAND OR WIFE Andrew					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delpha Denton, 2623 Hadley Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident									
				ANTECEDENT CAUSES									
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>									
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 334X									
22. I hereby certify that I attended the deceased from 9/16/50, 19, to 9/25/50, 19, that I last saw the deceased alive on 9/25/50, 19, and that death occurred at 9:00 AM, from the causes and on the date stated above.													
23a. SIGNATURE H. H. Lurie, M.D., D.O. (Degree or title)						23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 9/25/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-25-50		24c. NAME OF CEMETERY OR CREMATORY Shiloh			24d. LOCATION (City, town, or county) (State) Ellsinore, Mo.						
DATE REC'D BY LOCAL REG. SEP 25 1950		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Robert M Murray

Licensed Embalmer No. 3749

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.