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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3378

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lemay Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
d. STREET ADDRESS (If rural, give location) 9353 S. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle)
c. (Last) Hugh

4. DATE OF DEATH (Month) (Day) (Year) 1/23/51

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 18, 1869
9. AGE (In years last birthday) 82 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
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) No
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sula Hugh
ADDRESS 5229 S. Kingshighway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — 10 yrs.
DUE TO (c) Arteriosclerosis — 10 yrs

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 4201
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?

22. *I hereby certify that I attended the deceased from* 1/1/50, *to* 1/23, 1951, *that I last saw the deceased alive on* 1/23, 1951, *and that death occurred at* 4:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE Mitchell L. Bartnick (Degree or title) M.D.
23b. ADDRESS 7629 So. Broadway
23c. DATE SIGNED 1/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/25/51
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) St. Louis Co., Missouri (State)

DATE REC'D BY LOCAL REG. 1/24/51
REGISTRAR'S SIGNATURE Herbert R. Lomke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldenle
ADDRESS 3634 Gravois Ave.

(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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.

Wacker-Helderle Undertaking Co.

Address 3634 Gravois Ave., St. Louis 16, Mo.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name Anna Hugh Race White

Place and date of death Lemay Nursing Home-January 23, 1951

Physician (~~or Coroner~~) signing Certificate Dr. M. Barthish

Place and date of Embalming 3634 Gravois Ave.-January 23, 1951

Remarks

Signed Frank J. Helderle Sr. Missouri License No. 2645