

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6796

BIRTH NO.		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1449	
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) St. Louis		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3704a LaSalle Street				STREET ADDRESS (If rural, give location) 3704a LaSalle Street			
3. NAME OF DECEASED (Type or Print) LINDA		a. (First)		b. (Middle) E		c. (Last) WEST	
4. DATE OF DEATH February 8, 1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W	
8. DATE OF BIRTH Apr. 11, 1877		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George Stevens		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) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Rooney 3704 LaSalle Str.			
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) <i>Acute dilatation of heart.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. Myocarditis.</i> DUE TO (c) <i>Art. Sclerosis.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 5-4-4	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None.</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None.</i>		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? <i>1192.8</i>			
22. I hereby certify that I attended the deceased from <i>2/2/1951</i> to <i>2/8, 1951</i> , that I last saw the deceased alive on <i>12/2/1951</i> , and that death occurred at <i>12:50a.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. R. H. Boeck</i> (Degree or title)				23b. ADDRESS <i>1514 P. Stand.</i>		23c. DATE SIGNED <i>2/9/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>2-12-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>FEB 13 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. [Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLaughlin's 2501 Lafayette Avenue</i>			

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

Dr. Lux H. Bock, MD

1504 So. Grand. Bl.

PR. 1600

3-4 pm

[Handwritten signature]

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 *L. P. Cooper*

Licensed Embalmer No. 3363

P. O. Address St Louis

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.