

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10011

FILED MAR 29 1951

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1003

State File No. 2486  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 2486		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY									
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		2159							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonvs Hosp.				d. STREET ADDRESS 4754 a Alabama		0							
3. NAME OF DECEASED (Type or Print) Isabell			a. (First)		b. (Middle) A.		c. (Last) De Mary		4. DATE OF DEATH (Month) (Day) (Year) Mch. 13 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 2 1873		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 14 HRS. Hours	13. UNDER 14 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Richmond Ind. 1			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Oscar F. Elliott				13b. MOTHER'S MAIDEN NAME Fannie Shanley			14. NAME OF HUSBAND OR WIFE Carleton						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Muerhoff 3712 Neosho							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Not Known</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (b) <u>Cardiac decompensation</u> 21 days			
		DUE TO (c) <u>Pneumonitis</u>								14 days			
		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 4200								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. 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? H3A2								
22. I hereby certify that I attended the deceased from <u>Jan. 26, 1951</u> , to <u>Mar. 13, 1951</u> , that I last saw the deceased alive on <u>March 12, 1951</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Nicholas A. Young M.D.</u>				23b. ADDRESS <u>4307 S Grand Blvd</u>				23c. DATE SIGNED <u>Mar 14 1951</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mch. 16 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.							
DATE REC'D BY LOCAL MAR 15 1951		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan							

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

AUG 1 1952

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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

Signed

Student Embalmer No.....

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.