

FILED JUN 15 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18335

5226

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place) <u>5 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		2049		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>6150 Oakland Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Louise</u> c. (Last) <u>McGrew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1951</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 25, 1867</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Centralia Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		
13a. FATHER'S NAME <u>Frederick Koehn</u>			13b. MOTHER'S MAIDEN NAME <u>Meineke</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew McGrew</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Minnie McGrew</u> ADDRESS <u>4929 Lansdown</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Myocardial Failure</u> II. PRECEDENT CAUSES <u>Debility & Broken Hip</u> DUE TO (b) _____ DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>000</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 29 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in Home</u> 69030				
22. I hereby certify that I attended the deceased from <u>4-30</u> , 19 <u>51</u> , to <u>6-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>51</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above. <u>21</u>								
23a. SIGNATURE (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>6-7-51</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakgrove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUN 7 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar Blvd.</u>				

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delma

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.