

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21124**
Registrar's No. **5452**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1004		Registrar's No. 5452			
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		c. LENGTH OF STAY (In this place) 45 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 5604 Lisette Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Mayme b. (Middle) M. c. (Last) Alford			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1951						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 16, 1885			
9. AGE (In years last birthday) 65		10. MONTHS 6		11. BIRTHPLACE (State or foreign country) Hillsboro, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Hillsboro, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Miller		13b. MOTHER'S MAIDEN NAME Caroline Saeger		14. NAME OF HUSBAND OR WIFE Edw. L. Alford					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edw. L. Alford, 5604 Lisette Avenue					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				ANTECEDENT CAUSES				6 days	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) renal insufficiency					
				DUE TO (c) Post infect - bronchopneumonia				2 weeks	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				Lucid Heart Decm - Acute aneurysm	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 022K					
22. I hereby certify that I attended the deceased from 6-9 , 1951, to 6-14-51 , 1951, that I last saw the deceased alive on 6-13 , 1951, and that death occurred at 6:50A m. , from the causes and on the date stated above.									
23a. SIGNATURE John J. Inkle (Degree or title)				23b. ADDRESS 1325 S. Grand Blvd		23c. DATE SIGNED 6-14-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL JUN 15 1951		REGISTRAR'S SIGNATURE J. B. Cassata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Inkley
Firm in Desloge Hospital
He is to call and advise when
we may bring ctf. over.

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 Delia J. Krupin

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 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.