

STANDARD CERTIFICATE OF DEATH

State File No. **24758**
Registrar's No. **6916**

FILED AUG 15 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY Missouri		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) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5065 Waterman		d. STREET ADDRESS (If rural, give location) 5065 Waterman 0	
3. NAME OF DECEASED a. (First) Gertrude b. (Middle) M. c. (Last) Hope			4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Sept. 13, 1880
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Hudgens, Ill.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME James Moak		13b. MOTHER'S MAIDEN NAME Mildred Hudgens	14. NAME OF HUSBAND OR WIFE Alexander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alene Lamkin ADDRESS 5065 Waterman
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease at least 4 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general DUE TO (c) 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	
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? H43X			
22. I hereby certify that I attended the deceased from Jan. 28, 1947 , to Aug 2, 1951 , that I last saw the deceased alive on July 3, 1951 , and that death occurred at 7:45 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert M. Smith, M.D.		23b. ADDRESS 114 N. Taylor	
23c. DATE SIGNED 8/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-3-51	
24c. NAME OF CEMETERY OR CREMATORY Carterville, Ill.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 2 1951		REGISTRAR'S SIGNATURE J. B. Lanster	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

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 *J. Wm Bentley*
Licensed Embalmer No. *3653*
P. O. Address *St Louis, Mo*

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.