

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1951

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Greenville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>924 Tyler 1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>ANNIE</i>	b. (Middle) <i>MAIDEN</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>July 3 1951</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct. 30, 1890</i>	9. AGE (No. years last birthday) <i>60</i>	10. MONTHS <i>8</i>	11. DAYS <i>3</i>	12. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe factory worker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe factory</i>	11. BIRTHPLACE (State or foreign country) <i>Tennessee</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>✓</i>	13b. MOTHER'S MAIDEN NAME <i>✓</i>	14. NAME OF HUSBAND OR WIFE <i>Charles W. Maiden</i>
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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 OF NAME AND ADDRESS <i>Evelyn Burrows Jonesboro, Ark.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suffocation</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fire</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>E216 26</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <i>Car (Specify) accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St. Louis, Mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Silva Wayne Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 3, 1951 8:10 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Car accident</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *8:10 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Martin E. Beaulieu</i> (Degree or title) <i>3</i>	23b. ADDRESS <i>Redmond Mo</i>	23c. DATE SIGNED <i>July 4-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>July 4, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Millerton, Ark.</i>
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DATE REC'D BY LOCAL REG. <i>July 4th 1951</i>	REGISTRAR'S SIGNATURE <i>Mabel Beasley</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Martin E. Beaulieu Redmond Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUL 16 1951

WAYNE CO. HEALTH CENTER

FILE No. 751-41

JUL 20 1951

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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 _____

Was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harwin E. Sawler*

Licensed Embalmer No. *4226*

P. O. Address *Redmond, 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.