

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35321**  
**9064**  
Registrar's No. \_\_\_\_\_

FILED NOV 2. 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>House Springs</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Lukes Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Ellie</b> b. (Middle) <b>Ellsworth</b> c. (Last) <b>Lansden</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-13-1951</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-31-1882</b>	9. AGE (in years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Logan Lansden</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Hampton</b>	14. NAME OF HUSBAND OR WIFE <b>Ursula Lansden</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-05-5920</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ursula Lansden</b>	ADDRESS <b>House Springs Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 HOURS</b>  <b>3+ years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PNEUMOTHORAX SPONTANEOUS and PULMONARY TUBERCULOSIS.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Tuberculosis</b> 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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? <b>no 2x</b>

22. I hereby certify that I attended the deceased from **10-13, 1951**, to **10-13, 1951**, that I last saw the deceased alive on **10-13, 1951**, and that death occurred at **11:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Stanley J. Hampton M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>10/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-15-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Windsor Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Windsor Illinois Ill</b>

DATE REC'D BY LOCAL REG. <b>OCT 15 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Ziegenhain</b>	ADDRESS <b>6409 Gravois Ave</b>
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No. 300  
10-48  
3720 Washington Blvd JE 3557  
Dr. Stanley Hampton  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 735

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John J. Harris*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4108*

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.