

No. 300  
10-48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40157

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 36076 Registrar's No. 3647

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 4877	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 400 Atlanta	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6825 Natural Bridge			

3. NAME OF DECEASED (Type or Print) Amelia A. Bumb			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 5, 1870	9. AGE (In years last birthday) 81	10. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Highland, Ill. /	

13a. FATHER'S NAME Max Schmitt		13b. MOTHER'S MAIDEN NAME Angelina Knaus		14. NAME OF HUSBAND OR WIFE Louis	
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 Mrs. May Rockeman, 400 Atlanta	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular - Renal disease similar type		INTERVAL BETWEEN ONSET AND DEATH 2 yrs +	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Sh. generalized Arthritis deformans		yrs	
		DUE TO (c) Sh. for infection		yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Wid. in the home of Incapables			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None surgical		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) 4424	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 21, 1949 to Oct 6, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Subst. P. Simon M.D.</i>		22b. ADDRESS 3734 Jennings Rd		22c. DATE SIGNED 11/9/51	
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24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 5		24c. NAME OF CEMETERY OR CREMATORY Green Mount		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
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DATE REC'D BY LOCAL REG. 11-9-51		REGISTRAR'S SIGNATURE <i>Subst. P. Simon M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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

*J. W. Binkley*

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.