

FILED DEC 14 1951

STANDARD CERTIFICATE OF DEATH

40263

State File No.
REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3923

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4051</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsdale</u> <u>4141</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6307 St. Louis Ave. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6307 St. Louis Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>		b. (Middle) <u>A.</u>	
		c. (Last) <u>Laramie</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 6, 1874</u>
		9. AGE (In years last birthday) <u>77</u>	10. KIND OF BUSINESS OR INDUSTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lindlar</u>	
		14. NAME OF HUSBAND OR WIFE <u>Ambrose</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Ambrose Laramie</u> ADDRESS <u>6307 St. Louis Ave.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>2</u> <u>2</u>	
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) 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 <u>Nov. 10, 1951</u> , to <u>Dec. 7, 1951</u> , that I last saw the deceased alive on <u>Dec. 5, 1951</u> , and that death occurred at <u>5:00 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Leo P. Young</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2621 S. Jefferson</u>	
		23c. DATE SIGNED <u>12/7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-51</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-8-51</u>		REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>	

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.